**Financial Policy and Agreement**

**Outstanding Patient Service is Our Goal**
Thank you for choosing Little Pearls Kids Dentistry as your child's dentist. We are committed to providing your child with optimum dental care. Please understand that payment of your bill is considered part of your child's dental treatment. The following is a statement of our financial policy, which we ask you to read and sign prior to any dental treatment.

**Insurance**
If you have insurance, we will make a good faith estimate of your benefits and defer billing you for that amount for up to 60 days. We will complete and file the appropriate claim forms on your behalf with your insurance company. We will also track your claim and make sure that it is paid in a timely manner. We are happy to provide your insurance company x-rays or other information they may require. If your insurer denies coverage, or if we otherwise do not receive payment from filing your claim (the insurance companies usually, but not guaranteed, pay claims within 30 days of submission) the amount will then become due and payable by you. Your insurance coverage is a contract between you and your insurer and/or employer and your insurer. Although we will make every effort to help you obtain your benefits, we cannot force your insurer to pay.

**Your Payment is Due at the Time of Treatment**
Copayments for treatment are due at the time of treatment after deduction of your good faith estimate of insurance benefits. Payment options are cash, check, Visa or MasterCard.

**Patient Responsibility**
I acknowledge my responsibility for payment of the services received from Little Pearls Kids Dentistry's regular fee and terms. I understand my responsibility is not modified by whether any third party (insurance) pays for all, part or none of the charges. I understand that this account becomes delinquent if not paid within 30 days after billing. After 30 days, a late fee/billing fee of $20 will be charged monthly until the balance is paid in full.

*I acknowledge that Little Pearls Kids Dentistry's requires 24-hour notice to reschedule or cancel any appointments. If I fail to give the proper notice, I <u>may be</u> required to pay a $45 "broken appointment" fee. Those patients with DSHS we are unable to charge broken appointment fees and will be dismissed from the practice.*

**Assignment and Release**
I authorize payment to be made directly to Little Pearls Kids Dentistry's by my insurance company and I accept financial responsibility for all services not covered by my insurance and I authorize release of any medical care information requested by my insurance carrier.

Patient Name: _____ Parent/GuardianSignature: _____
Policy reviewed by staff member: _____ Date: _____

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