

## FINANCIAL POLICY

**Thank you for choosing Dr. Clark as your child's dental care provider.** Our greatest concern is your child's complete oral health. Anything we do or say will be centered on that philosophy. It is suggested that each patient is seen every six months (or as needed) to ensure this preventive philosophy is met. We are committed to your treatment being successful, and to the return and maintenance of your child's good oral health. Please understand that payment of your child's bill is considered part of that treatment. The following is a statement of our **Financial Policy**, which we ask you read and sign prior to any treatment.

**PAYMENT FOR SERVICES RENDERED:** Patients' parent or guardian is responsible for payment of all services rendered on the behalf or their dependents. Payment is due at the time of service. If there is a third-party involved (other than insurance), those arrangements *must* be made prior to your child's treatment. We accept cash, checks, MasterCard, Visa, Discover, American Express and Care Credit.

**INSURANCE ASSIGNMENT:** Most insurance plans do not pay 100% of the fees charged and have a deductible, which must be satisfied before any insurance benefits can be received. Also, please keep in mind that some, and perhaps all, of the services are not considered **reasonable and customary** under the provisions of your insurance plan. In most cases you will be charged the difference in our fee and what your insurance allows. We require that all deductibles, co-pays, and/ or any percentage of the bill that the primary insurance carrier does not cover, be paid at the time of service. **Your insurance policy is a contract between you and your insurance company. We are not a party to that company's assignment.** If your insurance company has not paid your balance in full within 90 days, the balance will automatically be transferred to your account, and you will be responsible for the balance owed. **This office cannot render services on the assumption that our fees will be paid by your insurance company.**

**INSURANCE FACTS:** Most insurance companies have a yearly deductible. You will need to know what your deductible is and pay that amount before your insurance company will begin to pay benefits.

**DEFAULT ON PAYMENT:** In the event of default on payment, the Parent/Guardian promises to pay a service fee in the amount of **\$25.00** in addition to the balance owed.

Patient Name: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Responsible Party Name: \_\_\_\_\_