

KIDS TOWN PEDIATRIC DENTISTRY

FINANCIAL AGREEMENT

If the patient does not have dental insurance, payment in full is expected on the day of service. If the patient does have dental insurance, the responsible party will pay the ESTIMATED portion and deductible on the day of service. The Insurance will be billed as a courtesy, however, please be aware if the insurance does not pay within 60 days' payment in full is expected from the responsible party.

Because it is YOUR insurance plan YOU are ultimately responsible for knowing and executing the requirement of your insurance plan. We strongly suggest you call your insurance to verify your plan benefits. NO insurance company will guarantee an exact payment. Please keep in mind that all insurances' relay a disclaimer that states that they are only giving general information when we call to verify your benefits. We will do everything we can to assist you in obtaining the maximum of your insurance benefits, however, the insurance is a contract between YOU and YOUR insurance carrier, therefore you are ultimately responsible for knowing the benefits, coverage, frequency limitations, exclusions, deductibles, maximum yearly benefits limits and/or any other restrictions your insurance plan may include. You are ultimately responsible for payment in FULL on your account.

I understand that insurance companies pay on usual and customary fee schedule and that the fees charged by the Doctor are the actual fees. If my Insurance is not contracted with Kids Town, I am responsible for the difference between the doctor's fee and the insurance fee. I understand the doctor will be using white filling material; some insurance companies will reduce the fee to a silver rate. It is my responsibility to pay the difference if any between the two fees. I understand that it is the Doctors recommendation that my child have a full exam, x-rays and a prophylaxis/fluoride treatment done every 6 months. If my insurance does not cover it that often, it is my responsibility to let the staff know before my child goes back to their appointment. I understand that if my child has been referred by another dentist my insurance may not cover the cost of the exam or x-rays due to plan limitations, and it is my responsibility to pay.

When scheduling work with Oral or IV Sedation, I understand that my insurance WILL NOT generally cover this charge. Sedation fees will be due IN FULL along with all estimated dental co-payments on the date of service. I understand that for regular appointments there is a \$25.00 fee for broken or appointments canceled without 24-hour notice and for IV/Surgical Center appointments there is a \$100.00 fee for no-show appointments or appointments canceled without 48-hour notice.

There will be a \$35.00 returned check fee assessed to your account on all returned checks. I agree to pay interest of 1.5% per month or 18% APR on any account over 30 days past due as well as the cost of any re-billing fee, no-show fee and certified letter fee. I understand that Kids Town does NOT do payment plans unless it is a Pre-Treatment payment plan but understand if not paid prior to the treatment date the remaining balance will be due IN FULL or treatment will not be completed. Any accounts not paid in full within 90 days will be turned over to our Collection Agency with an additional 51.3% collection fee. The responsible party also agrees to pay all attorney fees and court costs associated with collection for services rendered. I understand that it is MY responsibility to provide a change in address including telephone number if any in a timely manner to avoid any delay in billing.

Signature of Parent or Legal Guardian

Date