

## **SOUTHMOOR PEDIATRIC DENTISTRY FINANCIAL PROCEDURES**

In an effort to provide the best service to you and your children, we want you to know what our procedures are regarding payment. Please keep in mind that **WE ARE HERE TO HELP!** No question is too small to ask, whether it is regarding your child's dental treatment by the doctor and staff, billing for our services, or dental insurance. Please call us or come by our office any time if you have a question.

In an effort to reduce your billing costs, we respectfully request payment at the time of service. If you have dental benefits, your estimated patient portion is due at each visit. We accept personal checks, Visa, Mastercard, American Express and Discover cards, as well as cash. Please note that any account that is past due 90 days or more is charged a minimum of \$5.00 or 1.5% service charge per month. We are unable to carry any account balances past 90 days.

While your dental insurance is obligated to you, not to us, for your convenience we are able to bill electronically for all insurance carriers that are a traditional style dental plan. By "traditional" we mean that your plan allows you to choose your own dentist without having to choose from an exclusive list of providers. In order to file your claim we must have your name, address and group number for your DENTAL insurance carrier, along with the social security number and/or member I.D. of the person who carries the insurance. Please note that all insurance companies have a patient portion of the fee for most services. Your patient portion is due at the time of service. Also, please note that you are responsible for all fees, even if they do not match your insurance company's fee schedule. We are happy to help bill your insurance as a convenience to expedite payment, but our financial relationship is always with you, and not the insurance company.

Please note that insurance companies vary in how fast they process claims; balances older than 60 days are due regardless of any outstanding insurance claim. If your insurance company pays any portion after you have paid your bill we will promptly refund any overpayment directly to you. We can provide you with a claim form if you need to follow up with your insurance carrier, but please remember that your insurance benefits are contracted between you and your employer. The amount of coverage you receive will depend on the type of plan purchased by your employer, not the fees of the dentist.

The parent or guardian who brings the child is responsible for payment, regardless of what a divorce decree may state. Reimbursements must be made between the divorced parties; we cannot intervene.

A charge of \$20.00 will be applied for each returned check. Should this office be required to employ an attorney or collection service for delinquent payments, the responsible party agrees to pay the office cost of \$75.00, plus all related collection fees.

- **I have read and accept the above Financial Procedures and agree to the terms therein.**

X \_\_\_\_\_ Date: \_\_\_\_\_