

SmileZ Pediatric Dental Group

Financial Policy and Dental Insurance

Dear Parent or Guardian:

Thank you for choosing our office for your child's dental needs. We always strive to provide quality dentistry with compassion in a comfortable and friendly atmosphere. We hope that you and your family will feel welcome at all times. We would like to acquaint you with our policies regarding dental insurance, financial arrangements and schedule changes.

We do not want finances to be an issue for our patients. We want you to feel comfortable with us, and that includes feeling satisfied with your financial arrangement regarding your child's preventative and restorative dentistry. We encourage you to enter into a financial arrangement that is comfortable for you. For your ease and convenience, we offer several types of financial arrangements for out-of-pocket costs. Unless financial arrangements are made, payment is due at time of service.

- We offer comfortable financing through **Care Credit** which offers up to 12 months **NO INTEREST** financing as well as long term plans with low interest rates. You must qualify to use any of the plans offered by **Care Credit**. Please do not hesitate to ask us about this option. We will conveniently qualify you right here in the office today..
- **We accept Visa, MasterCard, Discover and American Express, checks and cash.**

Dental Insurance

- Dental Insurance - **As a courtesy to you**, if you have dental insurance we will complete your insurance form with all the necessary information and submit it to the primary insurance company. Your co-payment will be estimated and is due at the time of service unless other arrangements are made with this office. **Unless we are a participating provider with the carrier, any secondary coverage is the responsibility of the insured.**
- If your insurance company has not made a payment within 60 days of billing, the balance will become your responsibility. You will be billed for any balance due. Insurance coverage is a contractual agreement between the insurance company and you and/or your employer. We have no control over this relationship. **Again, unless we are a participating provider with the carrier, any secondary coverage is the responsibility of the insured.**

All accounts with an outstanding balance will receive a statement each month. We reserve the right to charge any outstanding balance over 25 days a finance charge of 1.5 (18% APR).

Please understand that we take the time that we have scheduled for you child and your child's dental health very seriously and we hope for the same consideration. As a courtesy, we attempt to remind our patients of their appointment by phone call and ask for a confirmation response. However, we hope that our patients do not rely solely on our courtesy reminders. Therefore, we reserve the right to charge for appointments broken without the proper 24 hours or 1 business day's notice.

SIGNIFICANT EXPOSURE - Section 32.1-45,1(A) and (B), Code of Va. (1950, as amended) provides that in the event of significant exposure (e.g. needle stick), consent for testing for Human Immunodeficiency Virus (HIV), Hepatitis B Virus and Hepatitis virus is considered to have been given by the patient and /or healthcare worker thereby granting the Hospital the right to perform such tests. Test results are confidential and can only be released in accordance with applicable laws and the policy of the local hospital.

I authorize and release information to and payment of my child's dental benefits to the dentist. I have read and understand fully my financial options and obligations. I understand that in the event my account becomes delinquent I will be responsible for any collections, attorney fees at 33.3% court costs and any other charges incurred to collect this account. Additionally, by signing this form I hereby authorize SmileZ Pediatric Dental Group to process Credit Card transactions initiated by me either by mail or phone and authorize my credit institution to pay.

Patient's Name _____

Signature of Patient or Guardian

Date