



**Stephen M. Heaney, D.D.S., P.C.**  
Specializing in Pediatric *Dentistry*

### **Financial Policy**

We are committed to providing you with the best possible care. If you have dental insurance, we will help you receive your allowable benefits. In order to do this, we need your assistance and your understanding of our financial policy.

Payments for service is due at the time services are provided unless other payment arrangements have been approved in advance. We accept cash, checks and debit/credit cards. We will be happy to process your insurance claim for you. If you have insurance, please be prepared to pay your estimated portion of your total treatment fee on the day of service. If you have no insurance coverage, payment in full is expected or other financial arrangements should be made prior to any treatment.

First Pacific Corporation is our billing service. First Pacific Corporation bills you the entire balance until your insurance pays. Balances past 90 days are charged a finance charge. Payment received after the statement due date will be assessed a late payment.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize however that:

1. Your insurance is a contract between you, your employer and the insurance company. We may not be a party to that contract, if we are not a provider.
2. Your insurance coverage is set by your employer. If you have questions regarding the details of your plan, you should contact your employer. It is your responsibility to know your coverage.
3. Many plans tell you services will be covered "100%". We have found most plans only cover 60-80 % of an average fee. It has been our experience that some insurance companies tell their customers that "fees are above usual and customary" rather than saying the benefits are low.
4. If financial arrangements have been made and payments are delinquent, our office reserves the right to cancel any future appointments until the account is brought to a current status.
5. The undersigned also agrees to pay all collection costs incurred, in an amount not to exceed 50% of the unpaid balance, should any unpaid balance be referred to a collection agency, in addition, should any unpaid balance be referred to an attorney for litigation, all reasonable attorney fees and court costs shall be paid for by the undersigned as allowed by the Court.

We must emphasize that as dental care providers our relationship is with you NOT the insurance company. While the filing of all insurance claims is a courtesy we extend to our patients, ALL charges are your responsibility.

I understand and agree that, regardless of my insurance, I am responsible for the entire balance on my account for any professional services rendered.

Parent Signature: \_\_\_\_\_

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

Child(ren): \_\_\_\_\_