OFFICE FINANCIAL POLICIES

Thank you for choosing **Pediatric Dentistry of Westchase, PLLC** as your dental care provider. Our primary concern is that you receive the proper treatment needed to restore your health. If you have any questions about our payment policies, please do not hesitate to ask.

Payments for services are due at the time services are rendered. We accept cash, checks, ATM debit, and major credit cards. As a courtesy to you we will bill your insurance company. However, you must understand that:

1. **Our relationship is with you, not your insurance company.** There is no direct relationship between our office and your insurance company. The type of plan chosen by you, and/or your employer determines your insurance benefits. As such, we have no say in the selection of your insurance company, no control over the terms of your contract, the methods of reimbursement or the determination of your insurance benefits**. We will accept assignment of benefits from your insurance company; however you are responsible for the full balance including any amount that is not paid by your insurance company. All charges are your responsibility regardless of our insurance coverage or limits.** Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Fees for these services, along with unpaid deductibles are due at the time of treatment.

2. **Pre –treatment authorization** Some insurance companies recommend an estimate of the work to be done and the fees to be charged before determining their benefits to you. IF so, we will provide you with the pre-treatment fee estimate. In this case, it will be up to you to determine if you wish to proceed with treatment before the insurance benefit is determined.

3. **Insurance company delays in payment**

    - If the insurance company does not pay your balance in full within 45 days from the date of service, we ask that you contact the carrier and insist that they pay your claim immediately.

    - If the insurance company does not pay your balance in full within 60 days, we require you to pay the balance within 10 days of that expired time.

4. **All checks returned for any reason are subject to an additional $25.00 fee.**

5. **Cancelation Policy - We reserve the right to charge a minimum of $25.00 or higher** for appointments cancelled or broken without 24 hour advanced notice.

6. This written agreement cannot be altered or modified except by written document signed by both parties.

I have read and I fully agree to the terms herein,

Parent Signature:_____ Date:_____