

PAYMENT POLICY FOR CARY PEDIATRIC DENTISTRY SURGERY PATIENTS

Please familiarize yourself with the information that follows. If you have any questions, please feel free to ask one of our business office staff.

- ◆ Payment in full for the dental services that are rendered is required for all surgery patients. In order to schedule time with our anesthesiologist we do require a deposit of half the amount of the proposed treatment, (\$_____). *The remaining half is due the day of the scheduled appointment upon completion of treatment.* This deposit will be applied to the total fee of the dental services that are rendered.

NOTE: Due to the amount of coordinated scheduling that is involved, if you cancel your child's scheduled surgery appointment less than 10 business days from your scheduled appointment, your deposit in the amount of (\$_____) will not be refunded.

Legal Guardian Signature_____

- ◆ Please understand that financial arrangements are made directly with you. In addition, please be aware that the parent/guardian who initially brought the child to our office is legally responsible for payment of all charges. We cannot send statements to other persons.
- ◆ **A Note About Your Dental Insurance** - Since your child's restorative dental treatment entails a significant expense, we will have you sign your insurance paperwork and mail it for you. As stated above, you are still responsible for your portion of the charges on the day of surgery. There is no direct relationship between our office and your insurance company. Your insurance benefits are determined by the type of plan chosen by you and/or your employer. As such, we have no say in the selection of your insurance company; we have no control over the terms of your contract, the method of reimbursement or the determination of your insurance benefits. Therefore, you will be responsible for all insurance payments not received by this office by 35 working days after your child's surgery.
- ◆ **Pre-treatment Authorization:** *It is suggested that you file a pre-treatment estimate with your insurance company to determine what portion of the total fee they will cover and what portion will be your responsibility. If you wish to proceed with treatment before the insurance benefit is determined, you will be responsible for payment in full. In addition, if you schedule your child's surgery and your pre-treatment estimate has not been received by your surgery date, you will be responsible for payment in full.*
- ◆ For the convenience of our patients, we accept care credit, cash, personal check, MasterCard, Visa, Discover and American Express.
- ◆ Please note that even if you have insurance coverage, **YOU ARE RESPONSIBLE FOR PAYMENT OF YOUR ACCOUNT.** Your insurance coverage is a relationship between you, the insured patient, and your insurance company. Your cooperation with this matter is greatly appreciated. You are helping to keep our overhead, in the form of direct and labor costs, down. In addition, you are helping keep our fees as low as possible.

Legal Guardian Signature

Thank you,

Dr. Elliott, Dr. Molina and Team