

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. There are two deposits required before your scheduled appointment. ***A deposit of half the amount of the proposed treatment (\$ _____), is due two weeks (Date : __/__/__) before the day of surgery and a \$200 deposit is required in order to schedule your general anesthesia appointment with Dr. Atwood.*** These deposits 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 with less than five working days' notice, a \$500.00 cancelation fee will be charged and your \$200 scheduling deposit will not be refunded.

If you do not follow the anesthesia instructions, regarding eating and drinking restrictions prior to your scheduled appointment there will be a \$400 broken appointment fee. In order to reschedule this appointment you will be required to pay a \$200 rescheduling fee. Your \$200 previous scheduling deposit will go towards this broken appointment fee and 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, often we will have agreed to accept assignment of benefits from your insurance company. 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