



## **FINANCIAL POLICY**

**PAYMENT OPTIONS:** For your convenience we accept Cash, Check, Visa, MasterCard & AMEX. Short, long-term financing options offered through Care Credit (Interest-free options may apply)

**Usual and Customary Rate (UCR):** New Smiles Kids Dentistry (NSKD) is committed to providing the best treatment for our patients and we charge what is UCR for our area. As a Parent/guardian you are responsible for payment regardless of any insurance company's arbitrary determination of UCR.

Unless another financial option is PRE-ARRANGED, payment in full is due the day of treatment. Should a patient have dental insurance with assignment to NSKD, our office will gladly work with you to help get the maximum benefit available to you. Most dental insurance plans do not cover 100% of your cost of treatment. Therefore, you will be expected to pay your deductible and your **ESTIMATED** co-payment by the day services are rendered for in-network claims. For out-of-network plans parent/guardian is responsible for our UCR. We will gladly file your insurance claim so you can get reimbursed faster.

Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract; therefore, as a Parent/Guardian you are ultimately responsible for the bill regardless of insurance coverage. Our relationship is with you and not your insurance company.

Treatment could be altered if your dental needs change. The parent/guardian will be notified of any change(s) in treatment. Many variables exist from carrier to carrier (i.e. deductibles, annual maximums, allowable fee limitations, non-covered procedures and other restrictions), therefore, we cannot guarantee any **estimated** charges. Please know that we will do everything possible to see that you receive the full benefits from your insurance company.

**Insurance Changes:** Please be advised that we require a notice of 2 business days to be informed of any insurance changes as it takes time for our office to verify your new benefits and update our system. If proper notification is not given, we reserve the right to collect the full payment at the time services are rendered.

**Secondary Insurances:** Due to the length of time it takes to process and receive payment from secondary insurances, NSKD will only process in-network secondary PPO insurances. Our staff will help bill your claims electronically so you can get reimbursed faster.

**Returned Check:** I understand that returned checks will be charged \$25 fee per returned check.

**Late Charges:** If I do not pay the entire new balance within 60 days of the monthly billing date, a late charge of 1.5% on the balance then unpaid and owed will be assessed each month (if allowed by law). I realize that failure to keep this account current may result in you being unable to provide additional dental services except for dental emergencies and prepayment for additional services. In the case of default on payment of this account, I agree to pay collection costs and reasonable attorney fees incurred in attempting to collect on this amount or any future outstanding balances.

**Authorization and Release:** I authorize the dentist to release any information including the diagnosis and records of any treatment or examination rendered to my child during the period of such dental care to third party payers and/or other health practitioners. I authorize and request my dental insurance company to pay directly to the dentist or dental group insurance benefits otherwise payable to me. I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.



## Office Policies:

### **APPOINTMENTS**

When we make your appointment, we are reserving a room for your child's specific needs. We ask that if you must change an appointment, please give us at least 2 working day's notice. This courtesy makes it possible to give your reserved room to another patient who would like it. Missed appointments may require a \$50.00 deposit to hold your next appointment. Repeated cancellations or missed appointments will result in loss of future appointment privileges.

### **PARENTS/GUARDIANS WITH CHILDREN**

Our office allows a parent to be present with a child during the child's exam. However, due to space limitations we will only allow ONE parent to accompany the child to the exam room. If the parent has additional children, then the parent will need to stay in the waiting room with the other children. If you are bringing more than one child to the appointment we recommend you bring another responsible adult to watch the additional children while you accompany your child to the exam room. We cannot be responsible for children left unattended in the waiting room. For all other procedures and/or I.V. sedation parents must wait in the waiting room. A parent or guardian is expected to be present when a minor (17 or under unless emancipated) presents for treatment planning. Guardians must supply written proof of legal guardianship before NSKD will begin treatment. Only a parent or legal guardian may sign for the treatment of a minor, therefore treatment will not be rendered to minors without written signature of parent or guardian; in this situation the minor will be rescheduled.

**LATE POLICY** As a courtesy to all patients we reserve the right to reschedule a patient that is more than fifteen minutes late for an appointment. For patients driving a considerable distance to their appointment we recommend you allow yourself an additional 30 minutes for unforeseen circumstances (car trouble, lost, etc.).

### **Non-Discrimination Policy:**

NSKD has provided me with a copy of Notice of Nondiscrimination per ACA Section 1557.

### **GENERAL POLICIES**

Food and drink are not permitted in the waiting room. If you need to leave the waiting room momentarily and you are waiting for your appointment, please advise the front desk. If the patient is not in the waiting room when their name is called we will move on to the next patient.

\* Shoes and shirts are required at all times.

\* NSKD does not tolerate abusive or disruptive behavior or foul language. Patients exhibiting such behavior will be dismissed from the practice. Threats are taken seriously and will be turned over to the Police Dept.

You acknowledge you have read and understand the above policies, and you agree to comply with these policies. You also understand that if you fail to comply with these policies you may be dismissed as a patient of NSKD.