

## **Financial Agreement**

Thank you for choosing Smiles2Be Pediatric Dentistry as your child's dental health care provider. Our goal is to provide superior dental care for your child while communicating costs with complete transparency. Below is our Financial Policy, which we require you to read and sign before treatment.

**Payment Policy:** Payment is due at the time service is rendered. If we participate with your insurance plan, we will collect an **estimated** coinsurance amount at that time.

1. We accept cash, Visa, MasterCard, American Express, and Discover.
2. Third Party Financing may be available, subject to review and approval.
3. Depending on your child's needs, we may recommend treatment be performed in a surgical setting under the care of a licensed anesthesiologist. As a result, you may incur fees from the facility and its contractors. By signing below, you acknowledge these costs as separate from Smiles2Be Pediatric Dentistry and assume liability for uninsured amounts.
4. Balances not paid in full within 90 days are subject to a \$25.00 late fee.

### **Minor Patients:**

1. Payment for the treatment of minors is the responsibility of the adult accompanying the child at the time of service.
2. In the case of divorced or separated parents, it is your responsibility to make financial arrangements with the other party before your son or daughter arrives.
3. The parent or guardian signing this form accepts final responsibility for all costs associated with your child's care. This includes applicable service fees, collection fees, and/or court fees incurred on delinquent accounts.

**Dental Insurance:** As a courtesy, we will file your child's dental claim on your behalf and accept the assignment of benefits from them.

1. Your dental benefit plan is a contract between you and your insurance company. Although we may provide you with a treatment estimate, it is ultimately your responsibility to know the benefits, limitations, exclusions, and stipulations of that contract.
2. There are many factors involved in determining out-of-pocket responsibility when insurance is involved. We will do our best to provide you with the most accurate information available but is not a guarantee of coverage or benefits.

**Missed Appointments:** If you need to reschedule or cancel an appointment, we request 24 hours' notice (48 hours for surgeries) so we may have the opportunity to provide care for others in need. While we understand certain circumstances may be unavoidable, repeat occurrences or failure to arrive on time may result in dismissal from the practice.