Financial Policy

Our office is committed to providing you with the best possible care. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

Insurance

Your insurance policy is a contract between you and your employer and/or insurance provider. We are not a party to that contract; however, we are happy to serve as a liaison and file your claim to your insurance company for you. Your insurance company should then reimburse you directly, usually within 7-10 business days.

If you are covered by one of our accepted insurance plans, we require a credit card on file. The patient is responsible for paying the percentage of outlined fee set by their insurance company at the time of service. If your insurance company has not paid your account in full within one **(1)** billing cycle, you are responsible for the remaining balance. If no payment is received, we will charge your credit card on file for the balance on your family's account.

Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and customary under the terms of your insurance policy. Our practice is committed to recommending the best treatment for our patients regardless of coverage. We charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Your insurance information must be presented at the time services are provided. Insurance claims may be retroactively submitted but cannot be backdated. As a reminder, all fees are due at the time of service.

Cancellation / Rescheduling Policy

Children tend to do better in the dental office when they are not tired. Therefore, we encourage morning appointments, especially for pre-school aged or nervous children. One of our goals is providing dentistry that is as pleasant as possible for your child and appropriate scheduling may help us achieve this goal. Please also keep in mind that a dental appointment is an excused absence from school.

When we schedule an appointment, that time is reserved solely for your child and we make every effort to see your child on time. For this reason, we ask that you arrive a few minutes before your scheduled time. If you are late, it may be necessary to reschedule your child's visit. We also require a 24-hour notice for cancellations to allow us enough time to contact a child from our waiting list to fill the appointment slot. If we do not receive a 24-hour notice, we reserve the right to charge your account a broken appointment fee.

Agreement to Financial Policy

We have a new financial policy that applies to ALL in-network and out-of-network patients. We now require a credit card on file as a guarantee of payment for any patient-responsible balances after insurance processing.

When in situations where your insurance provider pays its portion, and leaves you accountable for the remaining balance, you will be accountable to submit this payment within receipt of (2) billing statements. If no payment is received, your payment will be charged to your credit card information on file with Growing Smiles and will be processed for the balance on your family account.

Credit Card Information:

Name of Cardholder: _____

Card Type: ____ M/C ____ Visa ____Amex ____Discover

Credit Card Number: _____ **Exp. Date:** _____**CVC:**_____

Authorized Signature: _____ **Date:** _____

Name of Patient(s):_____

I hereby authorize Growing Smiles to bill the credit card I have provided above to keep on file for services rendered, and agree to take all further actions required to pay the charges in full and to perform the obligations set forth in my agreement with my credit card issuer.

I have read, understand and agree to this policy.

Print Name: _____ Signature: _____

Date: _____