MILESTONES
PEDIATRIC DENTISTRY

FINANCIAL POLICY

We are delighted to welcome your child to our practice and we are pleased that you have chosen us to serve your child's dental needs. The following is a statement of our financial policy which we require you to read and sign at the bottom of this page.

PAYMENT IS EXPECTED AT THE TIME THAT SERVICES ARE RENDERED AND IS THE RESPONSIBILITY OF THE ACCOMPANYING ADULT.

Payment methods: we accept all major credit cards, personal checks*, cash.

*All returned checks are subject to a twenty-five dollar ($25.00) service charge.

Dental Insurance

We are pleased to participate with several insurance providers directly – please verify with our staff if you are not sure if your insurance provider is included. What your insurance doesn't pay is the patient/parent's responsibility.

An estimated co-payment is requested from you at each appointment as service is rendered. This is determined by your benefits within your plan, not our office.

Please understand that we file dental insurance as a courtesy to our patients. We are not responsible for how your insurance company handles their claims or for what benefits they allow on a claim. We can only assist you in estimating your portion of the fees. We cannot guarantee what your insurance will pay for each claim nor can we assume responsibility for the accuracy of any insurance information. It is your responsibility to understand your insurance policy and terms.

You are responsible for payment of any balance due not paid by your insurance company, including unpaid deductible amounts. Although we try our best to estimate as accurately as possible, the final amount your insurance will actually pay isn't determined until they issue a claim check to us.

Missed appointments

We ask for your utmost courtesy regarding your scheduled appointments. If you are unable to keep your child's appointment please allow at least 24 hours prior to the appointment time if you must cancel or reschedule. We understand that unforeseen emergencies do occur, however, we reserve the right to charge a $25.00 fee for repeated last minute cancellations and broken appointments.

BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THIS POLICY.

Parent's Signature _____ Date _____

MILESTONES PEDIATRIC DENTISTRY, PC
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