R & R DENTAL SPECIALISTS, PC

FINANCIAL POLICY

Thank you for choosing R & R Dental Specialists, PC for your child's Pediatric dental needs. Our office is committed to the highest level of patient care. The following is a statement of our Financial Policy which we require you to read and sign prior to starting any treatment. Please read carefully and contact us with any questions that may arise.

Appointment Charges

All appointments including Consultations, Exams and Treatment may carry a fee that is charged to the patient's parent/ guardian. If your insurance company does not pay for the appointment or charges, then it is your responsibility to pay any unpaid or denied balances.

Payments Accepted

We accept the following forms of payment: cash, personal check (with verification),(NO BUSINESS CHECKS), Visa, MasterCard American Express and Discover. We also offer extended payment plan options through Care Credit (upon credit approval).

All patient portion of fees, insurance co-pays, and deductibles are due at the time that services are rendered, unless prior arrangements have been approved. The parent/legal guardian of any minor is responsible for their account. Any checks returned for insufficient funds are subject to a $30.00 additional fee. This charge covers processing fees incurred by our office.

Regarding Insurance

As a courtesy, we will file your claims to your insurance company. Your fees will be estimated on the basis of your primary insurance policy. Once your primary policy has paid, we would be happy to help file a claim to your secondary policy in which you would receive reimbursement of any amounts paid. It is ultimately your responsibility to keep track of any insurance balances or maximums remaining or used from all doctors you have seen. If your insurance maximum is depleted at the time of the receipt of our claim then you are responsible for your account balance.

We provide services based on clinical relevance and quality-of-care, not based on insurance acceptance. Your insurance policy is a contract between you and the insurance company. We are not a party to that contract, and don't have the power to make your insurance company pay. Some services may be deemed "not necessary" or "not covered" by your insurance company. For this purpose, we will gladly submit a pre-treatment estimate. However, any pre-treatment estimate is an ESTIMATE only. Actual charges may be higher or lower, depending on the nature of your procedure and what your insurance company pays.

We participate with a number of insurance plans that we will contact to verify your eligibility and benefits. Please bring to each visit your current insurance card and/or information. We will happily submit your insurance claims on your behalf. We will do our best to estimate accurate insurance coverage and patient portions due. However, it must be understood that each PATIENT'S parent/guardian is ultimately responsible for the cost of services rendered. Your insurance company is required by law to pay on claims within 30 days. Whatever part of your claim that insurance does not pay after 30 days becomes your full responsibility. You are responsible for any fees incurred in obtaining any unpaid balances, which may include billing, collections or attorney fees. Interest at the rate of 1.5% per month or 18% annum may be charged on balances unpaid after 60 days.

We appreciate the opportunity to serve your child's Pediatric dental needs and welcome any questions you may have regarding our financial policy. By signing below you acknowledge that you have read, understand, had any questions answered and agree to abide by this policy.

_____________________________ _________________________________ _______________
Parent/Guardian Signature Patient Name Printed Date