

ROSE TREE PEDIATRIC DENTISTRY

working together, creating healthy smiles

FINANCIAL POLICY

Thank you for choosing our practice for your child's dental care. We are committed to providing the highest quality dental care in a customer service environment. The following is a statement of our Financial Policy, please read and sign prior to any treatment.

Full payment is due at the time of service, unless financial arrangements are made in advance.

If you have dental insurance, full payment of your insurance deductible and estimated responsibility is due at the time of service.

We accept Cash, Checks, Visa, Mastercard, and Discover.

For the convenience of our patients, we offer the following:

* **5% Courtesy Accounting Reduction:** Cash or check on fees in excess of \$500 when paid in full at time of treatment

* **Affordable payment plans:** Extended payments through Chase Health Advance or Care Credit. Interest free up to 12 months

REGARDING INSURANCE:

Your dental insurance policy is an agreement between you, your employer, and the insurance company. Rose Tree Pediatric Dentistry is not part of that contract. We will process your claim for you and will receive payments directly from your insurance company.

Our fees generally, but not necessarily, fall within the usual and customary (UCR) fee structure determined by your insurance carrier. Each insurance company creates their own UCR fee structure. Our fees reflect our professional commitment to excellence.

Please be aware that some and perhaps all of the services provided may be non-covered services, and therefore are your responsibility. **You and not your insurance company are responsible for your account.** You are expected to pay your estimated portion at the time of service. An estimate of your insurance benefit and your immediate financial responsibility will be provided prior to any treatment received. Upon request, a pre-determination can be sent to your insurance company to establish your definitive benefit.

* Our office participates with the following insurance programs: United Concordia, MetLife PPO, Aetna PPO, Aetna Access, Cigna PPO, Delta Dental, Assurant, Humana, Dentemax, United Healthcare. Please note that due to the fact that these are reduced fee programs, no further courtesy can be offered.

APPOINTMENT INFORMATION:

If you can not keep your scheduled appointment we ask for at least 24 hours notice. A **\$30 per appointment fee will be charged for a failed appointment or an appointment that is cancelled less than 24 hours in advance.** Multiple failed appointments will result in discharge from our care.

PAST DUE ACCOUNTS:

Rose Tree Pediatric Dentistry employs the services of TransWorld Systems Inc., an automated, out-sourced account management system. If no financial arrangements are made, the billing of your account automatically transfers to TransWorld Systems Inc. Once arrangements are made, the account returns to our billing department

I have read, understand, and accept this Financial Policy

Signature of parent or guardian

Date