

### Payment Options for Emhardt Pediatric Dentistry

#### Regarding The Responsible Party's Full Payment or Insurance Deductibles and Co-Payment

**Cash, Personal Checks, Visa, MasterCard, American Express and Discover** are acceptable forms of payment. At the appointment that treatment is rendered, payment for these services must be made unless prior financial arrangements have been made and recorded with our treatment coordinator.

If any dental procedures require the services of a dental laboratory, a deposit of 50% is required when the first impressions are taken. When the final appointment for cementation or insertion of the prosthesis is completed, the remainder of the balance will be due.

Payment for children's dentistry is the responsibility of the **parent** or adult that brings the pediatric patient to the appointment. Minors who are not with an adult for non-emergency dentistry will be **denied** treatment unless previous arrangements have been made before the appointment date.

Checks that are **returned** to our office from your financial institution are subject to a \$35.00 returned check fee. This fee covers the processing fees that are charged to our office.

#### Regarding Insurance Claims Payment

**The insurance coverage** that your employer provides is an agreement with your insurance provider. We are not a party to this agreement. Most all insurance policies are different and we cannot accurately predict what your specific insurance company will pay for your claims. Therefore, when we accept assignment of the benefits that your insurance should pay and they have not paid within 60 days, we will transfer these unpaid claims to your account for payment.

It is possible that some or all of your treatment may not be covered by your insurance provider or not considered reasonable and customary under their terms. We will provide you with excellent and expert dental care at reasonable and customary fees that are **fair and affordable**. The responsibility for payment of your dental care is yours even if your insurance company refuses to pay these fair and affordable rates. If you have any questions or concerns about our dental financial policy, please let us know.

Please present your **insurance information** when services are rendered. We cannot backdate insurance claims. We will verify your insurance benefits before filing any claims.

We want to provide you with the **very best dentistry** that is available and we're committed to helping you maintain optimum dental health. As a business entity, we must provide you with our financial policy to ensure that no misunderstandings arise regarding the payment of your dental care.

#### CareCredit

Please discuss this option with our business office.

Responsible Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ACKNOWLEDGEMENT OF RECEIPT: I acknowledge that I received a copy of the Financial Policy