

Ironwood Pediatric Dentistry

FINANCIAL POLICY

Welcome to our dental office for children! It is our primary goal and responsibility to help our patients obtain and maintain good dental health. We direct our time and energy toward that goal. We have prepared this letter so that you may be aware of our financial policy.

Payment is expected in full at the time of treatment. For our patients with dental insurance, we will be happy to file for your insurance benefits as a courtesy to you, but we are not obligated to do so. Our relationship is with you and not your dental insurance company. **It is your responsibility provide accurate and complete insurance information and to ensure that your dental insurance is active at the time of service, including any waiting periods which may apply to certain procedures.**

Our office does not determine your dental benefits. Your dental insurance is a contract between you and the insurance company. The percentage covered for each procedure is determined by your plan. Some insurance carriers will not pay our office. In such instances, you will be responsible for the full cost of each visit at the time services are provided, and you may request reimbursement directly from your insurance company.

Our primary concern is to provide your child with the best possible treatment in a safe environment, using the highest quality supplies and medications. We base treatment recommendations on what will be the best for your child rather than what your insurance company does or does not pay.

Any amount not covered by your insurance is payable at the time services are rendered. These fees may include deductibles, co-payments, and procedures not covered by your insurance policy. For your convenience, we accept cash, personal checks, and all major credit cards. Any returned check will incur a \$30 processing fee each time it is returned. Each NSF check is re-deposited. If returned twice, a \$60 total charge is incurred.

Prior to completing any restorative treatment, we will be happy to provide you with a cost estimate including your estimated insurance coverage and out-of-pocket costs. Please remember, this is an estimate and may change during the course of treatment. Sometimes, treatment alternatives become necessary for various reasons, which may increase or decrease treatment costs. Further, most insurance companies do not tell us exactly what they will pay, so we can only provide you our best estimate.

We cannot accept responsibility for negotiating a disputed insurance claim and we allow a maximum of 45 days for your insurance company to clear account balances. If your insurance company does not pay within 45 days of the treatment rendered, we will expect full payment from you. A late charge of 1.5% per month (18% APR) will be added to unpaid balances over 45 days past due. After 90 days from the time of service and attempts to collect outstanding funds, parents/guardians not fulfilling their financial obligation will be sent to collections. You are financially responsible for all charges regardless of insurance coverage. You will be assessed the fees charged by a collection agency, which may be based on a percentage at a maximum of 50% of the debt, and all costs and expenses, including reasonable attorneys' fees incurred in such collection efforts.

Cancellation Policy: Whenever possible, we request 48 hours notice to cancel an appointment. We understand that things happen, and sometimes last-minute cancellations are necessary, however we do require a phone call as soon as possible prior to the set appointment if you are not able to come. A \$50 fee will be assessed for a missed appointment if we do not receive a call based on these guidelines.

If you have any questions, please do not hesitate to ask. Feel free to call or email us. We look forward to beginning a wonderful relationship with you and your child!