

**PEDIATRIC DENTAL CENTER**  
**FINANCIAL POLICY**

**NO INSURANCE:**

PAYMENT IN FULL IS COLLECTED AT EACH VISIT. WE OFFER A 10% DISCOUNT FOR PAYMENT IN FULL ON THE DAY OF SERVICE (CASH OR CHECK.) IF YOU PAY WITH DEBIT OR CREDIT CARDS YOU WILL RECIEVE A 5% DISCOUNT.

**CARE CREDIT:**

WE OFFER FINANCING OPTIONS THROUGH CARE CREDIT. IF YOU ARE INTERESTED, ASK THE RECEPTIONIST FOR INFORMATION OR VISIT [WWW.CARECREDIT.COM](http://WWW.CARECREDIT.COM) TO APPLY.

**INSURANCE ACCOUNTS:**

IF YOU HAVE INSURANCE, WE REQUIRE YOUR ESTIMATED OUT OF POCKET AND CO-PAY ON EACH DAY OF SERVICE. ANY REMAINING BALANCE AFTER INSURANCE PAYS IS DUE UPON RECIEPT OF STATEMENT/OR INSURANCE FINALIZATION. IF YOU NEED TO MAKE PAYMENTS ON YOUR BALANCE, PLEASE APPLY FOR CARE CREDIT, AS THAT IS OUR ONLY FINANCING OPTION. -OUR OFFICE DOES NOT CARRY BALANCES- THIS OFFICE OFFERS AND ACCEPTS THE RESPONSIBILITY OF BILLING THE PATIENT'S INSURANCE COMPANY. HOWEVER, IT IS THE RESPONSIBILITY OF THE PATIENT TO SUPPLY US WITH COMPLETE AND CORRECT INSURANCE INFORMATION. INCORRECT OR DELAYED INFORMATION MAY RESULT IN DELAYED PAYMENTS BY THE INSURANCE COMPANY, WHICH CONSEQUENTLY RESULTS IN ADDED FINANCE CHARGES TO THE PATIENT.

**MEDICAID/MCNA ACCOUNTS:**

IF YOUR CHILD IS NOT ELIGIBLE FOR MEDICAID/IDAHO SMILES AT THE TIME OF SERVICE, YOU WILL BE EXPECTED TO PAY ALL FEES AND CHARGED FOR SERVICES COMPLETED. IT IS THE PARENT/ LEGAL GUARDIAN'S RESPONSIBILITY TO MAKE SURE THAT THE CHILD IS ELIGIBLE ON THE DATE OF YOUR CHILD'S VISIT WITH US. THERE ARE SOME PROCEDURES THAT ARE NOT A COVERED BENEFIT WITH MEDICAID/IDAHO SMILES, SHOULD YOU DECIDE TO PROCEED WITH TREATMENT, THOSE FEES WILL BE EXPLAINED TO YOU AND COLLECTED AT THE TIME OF SERVICE

**ACCOUNT RESPONSIBILITY:**

MANY PEOPLE ARE UNDER THE IMPRESSION THAT IF THEY HAVE INSURANCE, IT IS THE INSURANCE COMPANY THAT OWES THE DOCTER FOR THEIR SERVICES. THIS IS NOT THE CASE. THE INSURANCE CONTRACT IS BETWEEN YOU AND THE INSURANCE COMPANY. THEREFORE, YOU ARE RESPONSIBLE FOR THE CHARGES INCURRED, REGARDLESS OF INSURANCE COVERAGE. PLEASE BE AWARE THAT SOME INSURANCE COMPANIES WILL PAY A CLAIM PERCENTAGE BASED UPON THEIR "USUAL AND CUSTOMARY FEES" AND NOT OUR ACTUAL CHARGES.

\*VERIFICATION OF INSURANCE BENEFITS IS YOUR RESPONSIBILITY. PLEASE BE AWARE, IF YOU THINK YOU HAVE AND DO NOT, BALANCE FALLS TO YOU ENTIRELY, AND IS NOT THE RESPONSIBILITY OF PEDIATRIC DENTAL CENTER.

**DATE:** \_\_\_\_\_

**PATIENT(S) NAMES:** \_\_\_\_\_

**PARENTS/GUARDIANS SIGNATURE:** \_\_\_\_\_

**Thank you in advance for choosing Pediatric Dental Center,  
we appreciate the opportunity to serve you!**