

## OUR FINANCIAL POLICY

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility.

- All patients must complete our "*Patient Information Form*" before seeing the doctor.
- FULL PAYMENT IS DUE AT TIME OF SERVICE.
- WE ACCEPT CASH, CHECKS, AND VISA/MASTERCARD.

### MINORS ACCOMPANIED BY AN ADULT

The adult accompanying a minor, and his/her parents (or guardians), are responsible for full payment at time of service.

### UNACCOMPANIED MINORS

The parents (or guardians) are responsible for full payment. Non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan or to Visa/Mastercard, or paid by cash or check at time of service.

### REGARDING INSURANCE

If you have insurance, we will help you receive maximum benefits.

We will NOT accept insurance on your first visit. However, we will help you complete claim forms so that you can be reimbursed by your insurance company to the extent of your coverage.

On subsequent visits, we MAY accept your insurance if you obtain approval from our office staff prior to the date of service. If we accept your insurance, you must pay at least 30% of total charges at time of service (some procedures require 50% payment). If your insurance company has not paid the FULL BALANCE within 45 days, you have 15 days to pay the balance. Late Payment Charges are added to unpaid accounts after 60 days from date of service. If your insurance company pays more than the balance due, we will send a refund check to you immediately.

**Insurance is a contract between you and your insurance company.** We are NOT a party to this contract, in most cases, (we will inform you if we are a party to your insurance contract, and will handle your claims according to our agreement with the insurance company, if one exists.) We will file insurance claims as a courtesy to our patients. We will not become involved in disputes. between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual & customary" charges, etc., other than to supply factual information as necessary. You are responsible for the timely payment of your account.

### MEDICARE/MEDICAID/CHAMPUS/WORKER'S COMPENSATION

If you are covered by Medicare, Medicaid, Champus, Worker's Compensation, or any other government-sponsored program, please discuss your payment situation with our office staff prior to date of service.

### MISSED APPOINTMENTS

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

**Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.**

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dr. David E. Shapter, Pediatric Dentistry**