Kids Dental Experts ®

Dental Specialists for Children & Teenagers

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REVIEW OF FINANCIAL POLICY FOR ADULT PATIENTS

Patient Name: _____ Date of Birth: _____

PAYMENTS: Fees not covered by insurance and deductibles will be collected at the time of service. Payments are accepted in the form of cash, check, debit, money order, MasterCard, VISA, Discover, American Express, HSA accounts, and CareCredit. A courtesy discount of 5% will be granted to those who have no outstanding balance and are paying in full with cash or check for that day's services. A monthly 1% (12% yearly) or a minimum of $2.00 past due fee will be charged on any delinquent account. A $25.00 service fee will be charged to your account if a check is written with insufficient funds.

RESPONSIBLE PARTY: When children turn 18 years of age, parents will be given the option to continue to be responsible for that child's expenses or have the child assume responsibility for their own account.

FAILED/MISSED APPOINTMENTS: Please call with cancellations or to reschedule appointments as soon as possible. A reservation fee may be charged for missed appointments or cancellations with less than 48 hours' notice.

INSURANCE: I authorize payment from my dental benefits carrier directly to Kids Dental Experts®. I understand that my dental insurance carrier or payor of my dental benefits may pay less than the actual bill for services, and by signing this statement, I agree that I am financially responsible for payment of the remaining amount. Insurance delays or lack of coverage does not exempt me from making payment within 45 days of services rendered. Any balance not paid within 45 days will be subject to collection proceedings. As a courtesy, the office offers the option of storing my credit, debit, or HSA card information on file so that any remaining balances after insurance settlements can be processed automatically.

I understand and agree to the above and am financially responsible for patient listed above.

Signature: _____ Date: _____

Printed Name: _____ Relationship to patient: _____