



**Kids Dental Experts®**  
**Dental Specialists for Children & Teenagers**  
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## REVIEW OF FINANCIAL POLICY FOR ADULT PATIENTS

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**INSURANCE:** Charges not anticipated to be covered by insurance are collected at the time of service. The amount we collect is an estimated patient portion and you may be responsible for an additional balance after the claim is processed. If your dental plan reimburses you directly, our office will collect in full for all services rendered. Filing claims to your insurance(s) is a courtesy. You are responsible for being familiar with your benefits including, but not limited to, deductibles, maximums, co-insurance, and frequency/age/tooth limits. Any attempt by us to provide this information is not a guarantee of payment, and you are financially responsible for any amount the plan does not pay.

**MISSED APPOINTMENTS:** Short notice changes to our schedule negatively impact the patient care we are able to provide. Please provide 48 hours' notice when rescheduling appointments. Not doing so will be considered a missed appointment and a fee of \$55.00 will be charged. Insurances do not cover this charge and it must be paid prior to scheduling future appointments or transferring records.

**PAYMENTS:** We accept cash, check, money order, CareCredit, and debit/credit through MasterCard, Visa, Discover, and American Express. A courtesy discount of 5% will be granted to those who have no outstanding balance and are paying in full with cash or paper check for that day's services. We offer the option of storing your credit or debit card information on file so that any remaining balances after insurance pays can be processed automatically. Any balance not paid within 45 days of the DOS will be subject to collection proceedings. A \$25.00 service fee will be charged to your account if a check is written with insufficient funds.

Please note we are a pediatric dental office. Patients over the age of 18 are encouraged to begin seeking care with a general practice that will be able to accommodate dental needs in to adulthood. Patients will have until they are 21 years of age to continue as a patient with us while seeking a new dentist. Patients who have completed orthodontic treatment with us will need to establish with an adult orthodontist for any ortho needs beyond that time, and we will be happy to forward records to that specialist.

**I understand and agree to the above and am financially responsible for patient listed above. I am aware that a printed copy of our HIPAA/Privacy Practices is available to me at any time.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_