

# Bellaire Pediatric Dentistry, P.A.

"Oral healthcare for the growing & developing child"

6750 West Loop South, Ste. 795

Bellaire, TX 77401

713-661-1100

## Financial Arrangements and Insurance Policy

We are committed to providing your child with the highest standards of dental care. We welcome your child and family into our practice and we will strive to make your child's dental experience positive and pleasant. In order to achieve these goals, and focus on caring for your child, we need your assistance and understanding of our financial policy.

**Payment of services is due in full at the time services are rendered.** This includes all new patient evaluation appointments, prophylaxis (professional cleanings), emergency evaluations, recare appointments, and treatment sum of \$200.00 or less. As a courtesy, we will accept assignment of benefits if your child is covered by dental insurance. It is your responsibility to give accurate insurance information so that this can be done in a timely manner.

### What if your child needs treatment?

If you have dental insurance, we will verify your policy; however, insurance companies do not always release specific information regarding coverage. Please understand that all insurance policies are different and contain various provisions and limitations. **We have absolutely no control over the reimbursement process or determination of eligibility.** At your child's evaluation appointment, we will provide a written estimate of your out of pocket expense for services that exceed your estimated insurance coverage. We will outline your portion due for each treatment appointment. **If you pay for the entire treatment amount for that appointment by check or cash, you will receive a 5% fee reduction.**

Any under payment made by your insurance company is your responsibility. You will receive a statement reflecting the balance, and we ask that you pay your remaining portion by the due date listed. **If we have not received payment from your insurance company within 45 days of the service being rendered, you will be responsible for the balance.** We will assist you in filing for your direct reimbursement from your insurance company. Any account that is overpaid will receive a prompt refund. **Our office reserves the right to stop filing your insurance if at any time there is a problem with your account because of your carrier, or your unwillingness to cooperate.**

### What if my child does not have dental insurance and needs treatment?

If you pay for the treatment amount in full by cash or check you will receive a **5% reduction** in the fee owed. We will be happy to discuss payment options with you, should you have any questions.

**We accept cash, check, Visa, MasterCard, American Express and Discover.**

**Late Payment/Penalties:** Our office will assess a monthly late charge of 1 1/2% of the outstanding balance if we do not receive payment when due. Any account balances over 60 days will be turned over to our attorney for legal action.

We must emphasize that as oral health care providers, our relationship is with you and your child. If you should have any questions regarding the above information, please do not hesitate to ask. We will be happy to help you in any way possible.

I have read and understand this financial policy

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date