

PEDIATRIC DENTAL ASSOCIATES, LLC

Thank you for choosing us as your children's dental health care provider. We believe that all patients deserve the very best dental care we can provide. Please understand that payment of your bill is considered a part of treatment. The following is a statement of our Financial and Appointment Policy which you have acknowledged receipt of upon completing Patient Registration and/or Insurance and Consent form(s). All patient information and insurance forms must be completed before seeing the doctor.

Financial Policy

Regarding Insurance

We will collect all co-payments, deductibles, and any services not covered by your insurance plan at the time the service is provided. We cannot bill your insurance unless you bring in complete insurance information at each visit. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Balance is due no later than 45 days past the date of service, regardless of insurance. Know your benefits. We allow the billing of two insurance companies. For patients with multiple insurance, it will be necessary for you to know primary/secondary status for coordination of benefits. Alaska Medicaid and Denali Kid Care recipients are required to know their eligibility status.

WE ACCEPT CASH, CHECKS, DEBIT, VISA, MASTERCARD, AND DISCOVER CREDIT CARDS.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. .

Minor/Adult Patients

The adult accompanying a minor and/or the parent/legal guardian are responsible for full payment at the time of service. Adult patients are responsible for full payment at the time of service. If you are unable to pay at that time, be sure to point this out when you confirm the appointment.

Collections

Any account that has not been paid in full (regardless of insurance) 45 days from the date of service may be handed over to Cornerstone Collection Services who will pursue the responsible party for reimbursement. This will negatively impact your credit history and will result in dismissal from our office.

Appointment Policy

Appointment Notification

As a courtesy, we will send e-mail and text reminders and confirmation 21 and 7 days and 2 hours before. We may also call 2 business days if there are special instructions or co-pays to discuss. We ask that you notify us as far in advance as possible if you are unable to keep an appointment, with a minimum of one full business day. You are responsible to keep or cancel your appointment regardless of whether you receive our reminders.

Day of Appointment

We kindly ask that you arrive for the appointment at the check-in time (10 minutes prior to appointment time). We understand that events outside of your control may cause you to run late. If this should happen, please call us. Often times we are able to keep the appointment but there may be a possibility the appointment will be rescheduled if you check in 10 minutes past the appointment time. Patients under the age of 18 must be accompanied by a parent/legal guardian and is required to remain at the office during their appointment. Foster, legal guardian, and/or adoption paperwork will be necessary when applicable. Identification will be required.

No Show/Missed Appointments and Short Notice Cancellations

When appointments are not kept or cancelled short notice it results in a large amount of unusable time on our schedule. This loss affects our established patients as well as those seeking initial dental care. Excessive cancellations and no shows will result in termination of our treatment agreement. Your records can be forwarded to another dental office for a \$35 fee.

Communication

We are pleased to offer sign or foreign language interpreters. Please let us know in advance so arrangements can be made.

Thank you for understanding our Financial and Appointment Policy. Please let us know if you have any questions or concerns. We look forward to providing the highest quality dental care for our patients in a relaxing and caring atmosphere.

A copy of this Financial and Appointment Policy is available upon request