

Financial Responsibility

Financial arrangements are both necessary and beneficial in maintaining a sound professional relationship. We wish to inform you of our office policy in this regard.

1. On the initial visit, payment for service is due at the time service is rendered unless payment arrangements have been approved in advance by our staff.
2. Parents or guardians are responsible for all charges incurred at each visit.
3. Delinquent balances will be subject to additional late fees and interest charges of 5% per month. You are also responsible for all costs associated with collecting past due balances.
4. We accept cash, Visa, MasterCard, and Debit Cards.
5. We understand and agree that should we fail to have our child arrive at his/her agreed upon appointment time without notifying Just4kids Dental staff at least 48 business hours prior to that agreed upon time, that we shall pay the "setup" and sterilization fee (\$50.00)

IMPORTANT DENTAL INSURANCE INFORMATION FOR OUR PATIENTS

Understanding your insurance coverage can be a challenge. Our goal is to assist you in maximizing your benefits. We care for patients from many different companies. Each company pays an insurance premium for specific coverage, which fits the company's budget. Each plan is slightly different in its covered services. We encourage you to become familiar with your policy's exclusions, deductibles and required co-payments.

Our courtesy service to you includes:

1. Filing your insurance within 24 hours of your visit and requesting payment of your benefit to our office.
2. Filing your insurance claim.
3. Researching your dental insurance plan to advise you of benefits available to you.
4. Following the American Dental Association guidelines for coding procedures and filing insurance.

Our expectations of you as the owner of the policy:

1. Payment of fees not covered by your insurance plan at the time the service is delivered (i.e. your "co-pay").
2. Understanding that the insurance policy belongs to you and we have no leverage to obtain payment from your insurance carrier.
3. Realizing that dental insurance policies restrict payment for some services, use restricted fee schedules (called Usual and Customary Rates) and exclude some procedures based on prior conditions or length of time on the plan. All restrictions are based on the premium your employer paid for insurance - not our fees or recommended treatment.
4. Assuming responsibility for payment if the insurance company does not pay our office within 30 days.
5. Immediately informing our office of any changes in your insurance coverage or employment.
6. If you request that your child's treatment be pre-authorized by your insurance company, there will be a charge to cover the time and expense of providing this service. If this applies to you, please ask one of our staff.

I hereby authorize Just4kids Dental to release to my insurance company information acquired in the course of dental care. I hereby authorize benefits to be paid directly to Just4kids Dental. I understand I am responsible for any unpaid balance on my/my child's account.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy, all charges are your responsibility from the date the services are rendered. If an extension for payment is needed, you must contact us promptly for assistance in the management of your account rather than waiting for us to call you or having to resort to sending your account to a collection agency. If you have any questions about the above information or any uncertainty regarding insurance coverage, please don't hesitate to ask us.

Please note a signature attesting that you have read and understood the contents of this form will be required during your visit.

Just4kids Dental