

PAYMENT POLICY

We appreciate you choosing Pediatric Dentistry of Los Altos for your child's dental care. At Pediatric Dentistry we value our relationship with your family and would like to offer the following as our payment policy:

- ❖ For patients without insurance we do ask for payment in full at the time of the visit.
- ❖ In case of insurance, we will be happy to help you receive the maximum benefits available under your policy. However, please realize that the relationship is between you, the insured, and your insurance company. If insurance is pending, you will receive an interim statement to let you know that the account has not been paid. If we do not receive payment from your insurance company within six weeks after submission of the claim, you will be expected to pay for all dental services in full. In the event of duplicate payments, you will be reimbursed.
- ❖ A finance charge will be added to your account on any balance not paid in full within 60 days from date of service. If your account should be sent to collections a \$25.00 delinquency fee will be added to your balance.
- ❖ Once treatment and the estimated insurance benefits are reviewed with you, we require that you pay your portion at the time of service.
- ❖ For your convenience we accept cash, check, Visa, Master Card, and American Express.
- ❖ Please note that the parent or guardian bringing in the child into the office on the day of service will be expected to pay for services rendered.
- ❖ A finance will accrue on all accounts 60 days past due.
- ❖ A cancellation or change should be made at least 48 hours in advance. It is our policy to charge for a broken appointment. There will be a \$25.00 charge for any returned checks.

I have read and understand the payment policies for the office:

Patient's Name (print) _____
Parent's Name (print) _____
Parent's Signature _____
Date _____