

# FINANCIAL POLICY

## JUST KIDZ DENTISTRY

Thank you for choosing us as your child's dental provider. We are committed to your successful treatment. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy. We require you to read and sign this policy prior to any treatment.

All patients must have a completed Health History Form before seeing the dentist.

PAYMENT FOR YOUR VISIT IS DUE AT THE TIME OF SERVICE. ANY DEDUCTIBLE AND/OR CO-PAY IS ALSO DUE AT THE TIME OF SERVICE. WE RESERVE THE RIGHT TO RESCHEDULE ANY APPOINTMENT FOR WHICH PAYMENT HAS NOT BEEN MADE.

WE ACCEPT CASH, CHECKS, MASTERCARD, VISA, DISCOVER, AMERICAN EXPRESS OR CARE CREDIT.

WE OFFER AN EXTENDED PAYMENT PLAN WITH PRIOR APPROVAL.

### **Regarding Insurance:**

If you have dental insurance, Just Kidz Dentistry will attempt to contact your Insurance carrier to verify your benefits before your first visit. You will be asked to pay your estimated portion at check out.

At your first visit we will need to make a copy, (front and back) of your current Insurance card. You will also need to sign an "Assignment of Benefit" form, which allows your Insurance carrier to send payment directly to Just Kidz Dentistry. As a courtesy, Just Kidz Dentistry will bill your insurance carrier for each visit. However, we do require that your deductible and/or co-pay be paid at the time of service or we reserve the right to reschedule your appointment. If your insurance company has not paid your account in full with 45 days, the balance will become your personal responsibility. We will require that you pay us the balance in full and you must check with your insurance company to find out why payment was not made. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.

### **Usual & 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 Patients:**

**The adult accompanying a minor (the parent or guardian of a minor) is responsible for payment.** If there is a court order indicating the parent not present is responsible for dental bills, Just Kidz Dentistry will still expect deductibles and/or co-pays be paid on the date of service. The court order is between both parents of the minor, not Just Kidz Dentistry and the parent. **We will not be responsible for billing a third party.** Therefore, if full payment is not received within 45 days, the parent accompanying the child to the appointment is responsible for full payment. Reimbursement from others is not the responsibility of Just Kidz Dentistry.

### **Billing:**

Statements will be mailed to all accounts showing the balance owed. If your insurance company has not paid the balance in full within 45 days, the outstanding charges become your responsibility. We will expect you to pay us the balance in full and retrieve reimbursement from your insurance company. Interest charges of 1 ½% will be assessed to accounts with a balance over 30 days.

Patient balances over 120 days, will be sent to an outside collection agency for collection proceedings. There will be a collection cost fee of 33.33%-50% of the balance owing added onto any account sent to the outside collection agency.

### **Missed/Late Appointment Policy:**

Office hours are Monday - Thursday 8:00 a.m. to 5:00 p.m. If an appointment needs to be rescheduled and/or cancelled, please call 690-3368(Peoria) or 694-3368(Washington) 24 hours before the appointment to avoid a late cancellation or no show charge. Late arrivals (15 minutes or later) may require rescheduling your child/children to another day. Please be on time so the doctors can provide the best treatment for your child. \_\_\_\_\_(Initial) I have read and understand.

\_\_\_\_\_  
Printed Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Responsible Party

\_\_\_\_\_  
Date