

FINANCIAL GUIDELINES

PATIENTS WITH VERIFIABLE INSURANCE COVERAGE

Insurance coverage is a contract between you, the patient (or parent) and the insurance company. The terms of that contract determine the amount of coverage (benefit) you have for any procedure or visit. As a courtesy to you, we will assist you in obtaining the appropriate benefit from your insurance carrier by completing your insurance forms and mailing it (or electronically filing it) with your insurance provider. We require that you pay any applicable co-payment at each visit. We also require that you pay the estimated portion of your treatment (that amount the insurance carrier is not expected to pay) prior to the beginning of our services. As treatment is completed, we will bill your insurance carrier for the services rendered. If payment in full is not received for the services rendered from your insurance carrier within sixty (60) days of service, you are responsible for the full balance.

Should you ask, we will be happy to request a pre-estimate of benefits from your insurance carrier. Routine treatment is generally performed without submitting a request for pre-estimate of benefits.

Certain patients have double coverage (this is possible if more than one party has dental insurance) - we will only bill the primary carrier. However, as a courtesy to you, we will submit to the secondary carrier after your account has been paid in full.

PATIENTS WITHOUT INSURANCE COVERAGE OR WITH INSURANCE WE DO NOT ACCEPT

Patients without insurance coverage or with insurance coverage we do not accept are required to pay for services as they are rendered. We accept many major credit cards as well as personal checks and cash. We do not extend credit to patients, instead we ask that patients use the services of an outside financing company or bank.

Reasonable and customary fees. Insurance companies often develop what they term a "reasonable and customary" fee schedule for dental services. These schedules are internally generated by the insurance company and may not reflect standard charges in our geographic area or the fees charged by Great Grins Children's Dentistry, P.L.L.C. Such fee schedules may or may not cover all charges incurred during treatment.

Estimated fees. Fee estimates are just that, estimates. They are not guarantees that the final fees incurred may not be greater or lesser than those estimated. Estimates are good for no more than 3 months from the initial date of service.

I HAVE READ, UNDERSTAND AND AGREE TO THE FINANCIAL POLICY OF GREAT GRINS CHILDREN'S DENTISTRY, P.L.L.C.

I will be paying for treatment by: check cash charge other

Signature of Patient or Guardian

Date

Printed Name