

Pediatric Dental Professionals

9015 Mountain Ridge Dr., Houston Bldg., Suite 320, Austin, TX 78759

Telephone (512) 346-9771 fax (512) 343-8111

FINANCIAL POLICY

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions, please discuss them with our billing staff or office manager. We are dedicated to providing the best possible care and service to your child and regard your complete understanding of our financial policies as an essential element of care and treatment.

- Payment is due at the time of service unless other arrangements have been made in advance by either yourself or your dental plan coverage. For your convenience, we will accept cash, check, Visa, MasterCard and American Express.
- Your insurance is a contract between you and your insurance company. As a courtesy and upon verification of coverage, we will file your insurance claim for you assigning benefits to Pediatric Dental Professionals. If your insurance company does not pay the practice within a reasonable period, we will look to you for payment. If we later receive a payment from your insurer, we will refund any overpayment to you.
- We are contracted with Delta Dental (DeltaPremier) and Blue Cross Blue Shield of Texas (DentaBlue). If you are covered by one of these plans, we will bill your plan and will require you to pay your estimated co-payment at the time of service. Any remaining balance would be due upon receipt of our statement.
- All dental plans are not the same and do not cover the same services. In the event your dental plan determines a service to be “not covered” or over what they deem “usual and customary charges”, you will be responsible for this amount. Payment is due upon receipt of statement from our office. If payment is not made promptly upon receiving a statement, we will discontinue the courtesy of filing your insurance and expect payment from you in full at the time of service.
- Hospital services: Your estimated portion of our fees for scheduled hospital procedures is due one week prior to the surgery date. Any balance remaining after your dental plan pays is your responsibility and payment is due upon receipt of statement from our office.
- We look to the **adult accompanying** a minor for all services rendered to minor patients.

I authorize Pediatric Dental Professionals to submit claims for payment for services to the health care service plans or insurance companies on my behalf and in my name and assign to Pediatric Dental Professionals the groups insurance benefits otherwise payable to me, but not to exceed the provider's actual charges for covered services.

I have read and understand the financial policy of the practice, and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.

PRINTED PATIENT NAME

DATE

SIGNATURE OF RESPONSIBLE PARTY

DATE