

Smiles Pediatric Dentistry & Orthodontics

Treatment Consent and Financial Policy

Every child at Smiles Pediatric Dentistry & Orthodontics is unique. A tailored plan that best serves your child and is most comfortable for you is our goal.

1. Our administrative team will be explaining what fees to expect prior to your visit. Payments are due when treatment is rendered. We accept cash, ACH transfers, major credit cards and debit cards.
2. **An active Credit Card will be kept on file for all balances not covered in full on the day of care.**
3. For dental insurance benefits, we require the insurance information at least 72 hours in advance of the visit. This time frame allows our team to research your plan benefits as a courtesy and to provide you with a general estimate of coverage.
4. Our office can file the insurance claim on your behalf. Please be familiar with your benefits to better understand the process. We file electronic claims that are paid within 30 days.
5. Please keep in mind that your insurance contract is between your insurance company and you or your employer. We are considered a third party. If you have questions about your specific plan, we encourage you to personally contact your carrier.
6. Our clinical team bases our individualized care and sound recommends on what is in the highest good of your child rather than the limitations of insurance policies. As an example, many children benefit from more than two dental cleanings in one year or may need to return to see us at an earlier date than six months. Another example is the use of dental materials. Our office utilizes state of the art materials.
7. For most dental plans, the smoothest route is for you to pay our office directly and for us to assign the insurance payment directly to you. This allows for ease and speeds up the processing. In these situations, you will receive a personal reimbursement check from your carrier based on your individual coverage.
8. The portions of dental services that are not covered by the insurance company are **estimated** and due at the time of service along with any deductibles that apply.
9. **Estimates** of what your insurance plan will cover are based upon information gathered from your insurance company. Sometimes, when the claim is processed, the company downgrades certain services. Outstanding balances after the insurance claim has been processed are your responsibility and will be charged to the credit card or ACH account on file.
10. If your insurance does not pay in full for any reason (employment changes, reduction in benefit, change in patient status, treatment costs exceed annual maximum benefits, six-month restrictions on routine visits), you will be responsible for the remaining balance of the treatment and will be charged to the credit card on file.
11. We strive to provide excellent pediatric dental care. Once your child's individualized treatment plan has been agreed upon, we make every attempt to complete it. Sometimes during the course of treatment, the initial treatment plan needs to be adjusted. This can occur if new dental findings were noted or if the carious lesion was more extensive than previously noted on the diagnostic image. Another circumstance is children undergoing deep sedation due to behavioral challenges. Often, diagnostic images are taken after the child is sedated and therefore, the initial treatment plan can be changed. You will be informed of any changes during the course of treating your child. Please note that these changes will impact the initial estimate and that you will be responsible for covering the difference in amount.

12. If a treatment session is required for your child, an exclusive time slot will be reserved with the doctor to complete the necessary care. Our office takes pride in the individualized care we provide to children. We do not double book patients, as many offices do, so that your child can have the doctor's undivided attention. Therefore, we require parents to inform us of any changes in their schedule 48 hr in advance so that we may arrange for another child to benefit from our unique care.
13. Deposits are required when reserving a treatment slot with the doctor as follows:
- **50% of the estimated fee for all treatment cases.**
- Deposits are applied towards the estimated fee of the dental treatment. If a family has dental insurance, the deposit will be applied towards the portion of payment that is not covered by the family's insurance company. *We reserve the right to charge a \$150 fee for families who do not honor our 48 hr notice policy.*
14. **By signing this form, you give us permission to debit your account for the outstanding balance.**

My child's individual treatment plan has been discussed with me. All options of the proposed plan have been explained and all my questions have been answered. I understand that changes may be made to the original treatment plan and that I will be informed of these changes. I have read and fully understand the financial policies of this office. I agree to be financially responsible for my child's dental care at Smiles Pediatric Dentistry & Orthodontics. I understand that this consent shall remain in full force and effect until cancelled by either myself or Smiles Pediatric Dentistry & Orthodontics. My signature, as a parent/guardian, on this form authorizes the completion of all agreed upon dental treatment and the use of the appropriate methods to do so.