south shore pediatric dentistry

FINANCIAL POLICY

We commit to providing quality, compassionate and professional care for your child using the latest techniques and equipment in a fun, clean and positive environment. In order to maintain these high standards and a harmonious relationship, we would like to communicate clearly regarding our financial policy:

- Payment (co-payment and deductible) is expected in full for each appointment as services are rendered. For your convenience, we accept cash, American Express, Master Card, VISA, Discover and Care Credit
- The parent or guardian bringing the child to South Shore Pediatric Dentistry, LLC is considered the person *legally responsible for payment of all charges.* We cannot send statements to other persons
- After hours emergency visits are for patients of record only. Please understand that there will be a doctor's emergency call fee of $150.00 in addition to the procedures that will be performed on your child during the emergency visit after hour.
- Payment plans are available for our orthodontic patients only
- A past due balance of 90 days without activity will result in inactivation as a patient and family in our practice.
- If we have received all of your dental insurance information on the day of the appointment, we will be happy to file your claim for you. You must be familiar with your insurance benefits, as we will collect from you the estimated amount insurance is not expected to pay. **Please understand that we file dental insurance as a courtesy to our patients. We do not have a contract with your insurance company, only you do.** We are not responsible for how your insurance company handles its claims or for what benefits they pay on a claim. We can only assist you in estimating your portion of the cost of treatment. We at no time guarantee what your insurance will or will not do with each claim. We also cannot be responsible for any errors in filing your insurance. Once again, we file claims as a courtesy to you.
- Many insurance companies do not pay the difference between white fillings (composite resin) and silver fillings (amalgam). You are responsible for any difference in cost since composite resin restorations are more expensive. Our office only provides composite resin fillings. Please contact your insurance company if you have questions regarding their payment policies.
- We recognize that under unusual circumstances an account balance may be incurred. South Shore Pediatric Dentistry, LLC requires that all outstanding balances ***be paid in full within thirty (30) days*** unless other arrangements have been made. If you have not paid your balance within 60 days, a re-billing fee of $6.50 will be added to your account each month until paid. If your account balance is past due, no new treatment will be initiated. **A past due balance of 90 days without activity will result in inactivation as a patient and family in our practice.**

If at any time you have questions, please feel free to ask our staff or call our office. We are here to help in anyway we can. We appreciate you entrusting your child's dental health to us.

My signature on this form affirms that I understand these policies, have had the opportunity to have questions answered to my satisfaction and will comply with all items. I also agree to be responsible for all account balances.

Parent/ Legal Guardian Signature: **Date:**

5 Federal St. Weymouth, MA 02188 • Tel: 781.340.KIDS (5437) • Fax: 781.340.5438 • www.sskidsdentistry.com