



The Fun Kid's Dentist Financial Policy

We are committed to providing you with the highest quality of care. Our fees are a reflection of that quality of care.

We continue our commitment by offering a variety of financial options to enable you to receive the dental care you need. We accept cash, check, VISA, MasterCard, Discover and American Express. Returned checks will result in a \$30 processing fee. We also accept Care Credit, a company that offers the flexibility of deferred interest and extended payment options. Please see carecredit.com for more information and to complete an application. Payment is due at the time of treatment.

We will communicate all recommended treatment options and associated fees prior to the start of treatment, as well as, forward a pre-authorized claim to your insurance. We will collect 20% of the estimated charges at the time of service. As a courtesy to our patients with dental insurance benefits, we will submit claims to the insurance on your behalf. If you do not have dental insurance coverage, we will collect payment in full at the time of service. You will receive a monthly statement for any remaining balance on your account. We are a non-participating network provider.

Important Facts About Dental Insurance

- Dental Insurance is a contract between the patient/subscriber and the insurance company. It is a benefit to assist you with the cost of dental care. Insurance benefits should never compromise or dictate your doctor's diagnosis or affect your choice of treatment.
- It is your responsibility to understand the type of dental insurance you have (example: Traditional, PPO, DMO) and the benefits selected by you and/or your employer.
- You (not the insurance company) are responsible for the fees of service rendered. Should insurance fail to remit payment for services rendered within 90 days from the date of service, you are responsible for the fees of service rendered. As a courtesy to keep you informed, accounts with an outstanding balance will receive a statement every 30 days, regardless of pending insurance.

Patient/Parent/Guardian Signature _____ Date _____