

## **Woodlands Pediatric Dentistry, PC Financial Policy**

Woodlands Pediatric Dentistry is committed to providing you with the best possible care. Your clear understanding of our Financial Policy is important to our professional relationship. The following information is being provided to address questions you may have regarding our policy. If you have further questions about our fees, financial policy, or your financial responsibility, please let us know

### **Account Responsibility**

You are responsible for all charges incurred on your account. It is also your responsibility to make sure all information on your account is current and accurate. Accounts with incorrect billing or insurance information can cause payment delays. Please contact our office as soon as any of your information changes. It is the responsibility of the parent/guardian who brings the patient to the appointment to pay for each visit at the time of the visit.

### **Co-pays, Deductibles, and Co-insurance**

All co-insurances and deductibles are due at the time of service. Please be aware that your insurance company may change your coverage periodically. It is your responsibility to know what your current coverage is, regardless of what is printed on your insurance card. Your deductible and/or co-insurance amounts will be collected at the time of service. We do not file secondary insurances. We will bill your primary insurance as a courtesy to you. Woodlands Pediatric Dentistry participates in the Aetna, Assurant, and Cigna PPO Networks. We do not participate in any HMO plans.

### **Self Pay**

If you do not have insurance, payment in full is expected at the time of service.

### **Accounts with Overdue Balances**

All overdue patient balances must be paid in full before your next office visit. This refers to balances after your insurance has paid. If your balance is not paid in full within 90 days, your account will be turned over to an outside collection agency. If your account has been turned over to a collection agency, all future charges incurred must be paid in full at the time of service by either cash or money order.

### **Returned Checks**

A \$30.00 service charge will be assessed on all returned checks. The full amount of the check written plus the \$30.00 fee must be paid in full by either cash or money order within ten days. If payment is not received within ten days, your information will be filed with the Montgomery County Attorney's Hot Check Division. All fines associated with the filing of this check will be the responsibility of the patient (parent).

### **Methods of Payment**

Woodlands Pediatric Dentistry accepts cash, personal checks, money orders, Visa, Mastercard, American Express, Discover cards, as well as Care Credit. Payments can be made in person, by mail, or by phone if paying by credit card.

**I fully understand and agree to the terms of Woodlands Pediatric Dentistry Financial Policy**

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**Signature of Patient or Legal Guardian**

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**Date**