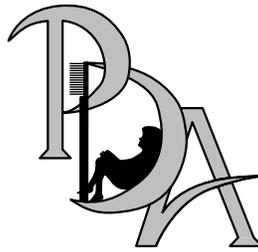


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## PEDIATRIC DENTAL ASSOCIATES, P.C.

### PAYMENT POLICY

We would like to thank you for becoming a member of our dental family, and assure you of our continued commitment to excellence. In an effort to control the costs for quality dental care, we have established the following policies:

- 1) We will need to make a copy of your driver's license and insurance card, if applicable, for our records.
- 2) As a courtesy for our patients with dental insurance, we will file your claim if you have provided complete insurance information to us. This includes the subscriber's social security number or insurance ID number, subscriber's date of birth, subscriber's employer, insurance carrier, insurance group number and a customer service telephone number. This information is typically found on your insurance ID card.

Although we estimate what your insurance company will pay, it is the insurance company that makes the final determination of your eligibility/coverage. **You are responsible for any portion of the charges not covered by insurance.**

In situations where more than one insurance is available, we will only file to the primary insurance carrier. You would be responsible for filing to your secondary insurance.

- 3) **Payment** (minus any expected insurance benefit) **is expected at each appointment** for services rendered and can be made by **cash, check, Mastercard or Visa**. This includes **co-pays, non-covered expenses and deductibles**.
- 4) The parent/legal guardian who initially brings the child for examination is responsible for the account. In a situation where there is more than one parent/guardian responsible for payment of an account, statements will be sent to only one address.
- 5) If there is a financial burden, payment arrangements can be made through our administrative staff.
- 6) There will be a \$25.00 charge for all returned checks.
- 7) Unfortunately, there are times when a past due account is ignored. We would then need to seek payment via a third party. If we have to pursue this in small claims court, you will be responsible for all court costs.

Thank you for your cooperation.

*Cathleen I. Kowalski, D.M.D.*

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I understand and agree to the terms stated above. \_\_\_\_\_ Date \_\_\_\_\_

