



FINANCIAL POLICY

Welcome to our dental office for children! It is our primary goal and responsibility to help our patients obtain good dental health. We wish to direct our time and energy toward obtaining that goal. We have prepared this letter so that you may be aware of our financial policy.

Payment in full is expected at the time of treatment. Patients with dental insurance must provide accurate and complete insurance information. We will be happy to file for your insurance benefits as a courtesy to you, but we are not obligated to do so. Our relationship is with you and not your dental insurance company. Your dental insurance is a contract between you and the insurance company. The percentage covered for each procedure is determined by how much you or your employer has paid for coverage.

Our office does not determine your dental benefits. Most plans routinely pay between 50-75% of the average total fee; however, some insurance carriers will not reimburse our office. In such instances, you will be responsible for the full cost of each visit at the time services are provided, and your insurance company will send you the reimbursement check directly.

We provide our patients with the finest treatment available and base treatment recommendations on what will be best for your child rather than what your insurance company does or doesn't pay. Our primary goal is to provide your child with the best possible treatment in a safe environment, using high quality supplies and medications. Unfortunately, the goal of many insurance companies is only to treat patients in the cheapest manner, not necessarily the safest or most effective.

At the initial appointment, you will be responsible for your portion of the fees not covered by your insurance for that appointment and payment is expected. Prior to completing any restorative treatment, however, we will provide you with a cost estimate of our total fee, your estimated insurance coverage, and your estimated out-of-pocket costs. Please remember, **these are only estimates and may change during the course of treatment**. Sometimes, treatment alternatives become necessary for various reasons, which may increase or decrease treatment costs. Further, most insurances do not tell us exactly what they will pay, so we can only give you our best guess.

Any amount not covered by your insurance company is payable at the time services are rendered. These fees may include deductibles, co-payments or certain procedures not covered by your insurance policy. For your convenience, we accept cash, personal checks, Visa/Mastercard and Care Credit. Any returned checks will incur a \$30 processing fee each time it is returned (Each NSF check is re-deposited. If returned twice, a \$60 total charge is incurred).

We cannot accept responsibility for negotiating a disputed claim and allow a maximum of 45-days for your insurance company to clear account balances. If your insurance does not pay within 45 days of the treatment rendered, we shall expect payment in full from you. A late charge of 1.5% per month (18% APR) will be added to unpaid balances over 45 days past due. After 90 days from the time of service and attempts to collect outstanding funds, parents/guardians not fulfilling their financial obligation will be sent to collections. You are financially responsible for all charges whether or not paid by insurance. You will be assessed the fees of any collection agency, which may be based on a percentage at a maximum of 50% of the debt, and all costs, and expenses, including reasonable attorneys' fees Hilgers Pediatric Dentistry incurs in such collection efforts.

If you have any questions, we will be happy to assist you. We look forward to beginning a wonderful relationship with you and your child! Please do not hesitate to call.