

PAYMENT/INSURANCE POLICY

As a courtesy to our patients, Brick Pediatric Dentistry & Orthodontics (BPDO) will be happy to submit claims to dental insurance carriers for services rendered. While we do our best to estimate what your insurance will pay, **YOU** are the owner of your insurance policy and BPDO **CANNOT** guarantee a specific level of reimbursement for your treatment with us. If you have any questions regarding details and/or restrictions of your plan, it is ultimately **YOUR** responsibility to follow up with your insurance carrier.

TO ALL PATIENTS: We appreciate your coming on time to your appointment. The doctors and hygienists allot a specific time to see you and do their best to keep your wait to a minimum. In fairness to them and to the other patients, IF YOU ARE LATE FOR YOUR APPOINTMENT, THE OFFICE MAY HAVE TO RESCHEDULE. IF YOU ARE 10 MINUTES LATE (OR MORE), YOU WILL NOT BE SEEN.

- **We will wait up to 60 days for insurance to make payment. After that, the balance is your responsibility and due in full.**
- Payment is due at the time that services are rendered. We accept **cash, check, money order, Visa, MasterCard, American Express, Discover, and Care Credit.**
- New patients are required to make payment in full for treatment on the first appointment regardless of insurance coverage and will be reimbursed when payment is received from insurance.
- All insurance percentages are due at the time of service. Otherwise a **\$5.00** surcharge will be billed to you.
- If your insurance carrier is one that submits reimbursement directly to you, payment in full is expected at the time of service.
- When a claim is submitted to your insurance company on your behalf, you will be balance billed for all non-covered services, co-insurance and deductibles.
- All balances greater than 60 days overdue will automatically incur a 1.5% monthly late fee.
- All legal costs related to the collection of an outstanding balance will be the responsibility of the patient and billed as such.
- A **\$50** service charge will be assessed for all returned checks.
- A **\$25** fee may be assessed for not showing up to a scheduled appointment.
- Patients who have accumulated 3 NO SHOW/SAME DAY cancellations may be immediately **TERMINATED** as a patient from this practice.
- A fee will be assessed for copies of dental records.

APPOINTMENTS WILL NOT BE SCHEDULED UNTIL PAST DUE BALANCES ARE PAID IN FULL.

I hereby authorize my insurance carrier to release payment directly to BPDO for dental services provided to me or my child. I also authorize release of any dental records or information required to determine benefits for payment of dental services.

I acknowledge and agree to abide to the above terms.

Signature of Patient or Parent/Guardian

Today's Date

Child's Name

Account # (Office Use Only)