Newington Children's Dentistry

Board Certified Pediatric Dentists

Welcome to Newington Children's Dentistry! We thank you for choosing us to care for your child. It is our primary goal and responsibility to provide children with the highest quality dental care. It is toward that goal that we wish to direct our time and energy. Therefore, we ask you to carefully review and sign our Financial Policy below. If you have any concerns or questions about our payment policies, please do not hesitate to speak to our staff.

1. Patients with dental insurance must provide accurate and complete insurance information. We will be happy to file for your insurance benefits and submit your claim as a courtesy to you. We will submit claims to most dental insurance companies and we are currently in-network with **Cigna Dental PPO, Delta Dental, Anthem Dental Blue Network and Anthem PPO Full/Flex Plans**. If insurance coverage cannot be verified, you will be responsible for payment of all fees and we will provide you with a claim form for you to submit for reimbursement.

2. Our relationship is with you and your child, not your dental insurance company. Your dental insurance is a contract between you, your employer and the insurance company. The percentage covered for each procedure is determined by how much your employer has paid for coverage and is not related to our professional fees. Our office does not determine your dental benefits. Most plans pay between 50-75% of the average total fee. This is how your co-payment is **estimated**.

3. Prior to completing any restorative treatment, we will provide you with a Treatment Plan which includes 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 cover, so we are only giving you our best **ESTIMATE**. Some insurances do not reimburse dental offices directly. In these rare cases, you will be responsible for the full cost at the time services are provided and your insurance company will send you the reimbursement check directly.

4. 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, and the following credit cards: VISA, MasterCard, Discover and American Express. Any returned checks will incur a **$39.00 service charge.** 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 company does not pay within 45 days of the treatment rendered, we shall expect payment in full from you. For your convenience, we offer patient financing by CareCredit. This program enables families to finance treatment at no interest if paid in full within 6 months.

5. Any remaining balance will be billed to you after a claim is paid. Any balance will be due upon receipt of your statement. Past due accounts will be notified via statement notes. **A late payment charge of 1% per month (12% annually) will be added to all accounts unpaid over 60 days.** If the account remains unpaid, we will be required to employ a collection service to collect payment. **You will be responsible for all collection costs, reasonable attorney fees, and court costs.** Please be aware that the parent or guardian who brings the child in for treatment is the responsible party required to pay for services rendered.

6. Your child is unique and special to us, and appointment times are reserved exclusively for each patient. If you do need to change an appointment, we ask that you give us at least 48 hours notice so that we may make the time slot available to another patient. We realize that unexpected things can happen, but ask for you assistance with this regard. A missed appointment fee of **$49** may be applied to your account with less than 24 hours notice of cancellation. Repeated failure to keep your appointments without notice may result in our office discontinuing treatment for your children.

I have read and accept the above Financial Policy. I understand, acknowledge and agree I am fully responsible for the total payment of all procedures performed including treatment that is not a benefit of any dental insurance I may have.

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