

# Livingston Pediatric Dental Associates

## FINANCIAL POLICY

We are dedicated to providing the best possible care and service to your child and regard your complete understanding of our financial policies as an essential element of care and treatment.

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions, please discuss them with our billing staff.

Payment is due at the time of service unless other arrangements have been made in advance by either yourself or your dental plan coverage. For your convenience, we will accept cash, check, Visa, and Mastercard.

Your insurance is a contract between you and your insurance company. As a courtesy, after the dental visit, we will electronically submit your insurance claim for you. If we later receive a check from your insurer, we will refund any overpayment to you.

We are contracted with Delta Dental Premier and PPO Plus. If you are covered by one of these plans, we will bill your plan and any remaining balance will be your responsibility. For other insurance companies, please contact our office.

All dental plans are not the same and do not cover the same services. In the event your dental plan determines a service to be "not covered" you will be responsible for this amount. Therefore we will expect payment in full at the time of service.

Please note that, in the case of a divorce, a property settlement agreement (PSA) is an agreement between the parties who made the agreement. It is our policy that the **adult accompanying** the child is responsible for payment of services rendered. We cannot enforce the provisions of the PSA on your behalf.

If a payment is made on an account by check, and the check is returned as Non-Sufficient Funds (NSF), Account Closed (AC) or Refer to Maker (RTM), the party responsible for writing the check will be responsible for the original check in the amount in addition to a \$25 service charge.

An account with an unpaid balance past 60 days may be subject to finances charges at the rate of 1.5% per month (18% annually). Once a balance is 90 days overdue, the account will be turned over to an outside party for collection. Should we elect to take action to recover the outstanding balance in the form of retaining an agency to collect or other legal action, the parent of the minor child understands and agrees that Livingston Pediatric Dental Associates has the right to disclose to this outside collection agency and or attorney all relevant personal and account information necessary to collect payment for services rendered. The parent understand that they are responsible for all costs of collection including, but not limited to, interest due at 18% APR, all court costs and attorney fees and a collection fee which will be added to the outstanding balance.

**Missed/Late Appointment(s) Policy – Although, we make every attempt to remind you of your scheduled appointment, it is your responsibility to remember all appointment date(s)/time(s). The doctors have reserved this time, especially for you and your child to meet their dental needs. Cancellations require a 24 hour prior notice, or you will be charged a \$75 missed appointment fee. Late arrivals (more than 15 minutes) may require rescheduling your child to another day. Please be on time so the doctors can provide the best treatment for your child. \_\_\_\_\_ (Initial) I have read and understand.**

*I have read and understand the financial policy of the practice, and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.*

\_\_\_\_\_  
PRINTED PATIENT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PARTY

\_\_\_\_\_  
DATE