Falls Church Pediatric Dental Center

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FINANCIAL AGREEMENT

We believe that our Patient Financial Agreement is as important as the services that we perform. It is our responsibility to inform you of charges and our payment guidelines prior to treatment. Determining costs for insured patients is more difficult and less accurate. Your insurance is a contract between your employer and a dental insurance company. Benefits received are based on the terms of the contract negotiated between your employer and the dental insurance company, and not the dental office. The goal of most dental insurance policies is to provide only basic care for specific dental services and typically have little to do with your child's needs or achieving a high-quality, complete result. Many needed services may not be covered. Our office will do everything possible to help you understand and make the most of your dental benefits. As a courtesy, our office will complete and submit your insurance forms to achieve the maximum reimbursement to which you are entitled. Please remember that you are ultimately responsible for all expenses incurred. We urge you to read your dental insurance policy so that you are fully aware of coverage and any limitations of the benefits provided. If an exact determination makes you more comfortable, the best method for accuracy is to pre-authorize the procedures with your carrier. We want our patients to be able to comfortably afford dental care. We will gladly discuss our payment options with you before beginning your treatment.

We are committed to providing excellent dental care and guiding parents in choosing the best payment option for their child's needs. We accept cash, personal checks, Visa, MasterCard, American Express, Discover, as well as offer Capital One Health Care Financing (a dental credit card). If paying by check, there will be a charge of $25 for any check that is returned due to insufficient funds. A check returned due to NSF may require a credit card number to be placed on file for future payments.

BROKEN APPOINTMENT POLICY

The time for your child's dental appointment has been exclusively reserved for you and your child. Without proper notification of your inability to be present for an appointment, some other child who has been waiting for dental care will not receive the dental care they need because we did not have adequate time to notify them of the available time. Therefore, we are requiring that at least **24 hours** notice be given, as a courtesy to us and to other patients, if your scheduled time is inconvenient. **The Broken Appointment fee will be $30, unless otherwise noted. Also, if you arrive to your appointment fifteen minutes late we reserve the right to reschedule your appointment.**

The patient and/or responsible party have received, read, and understand the financial agreement and broken appointment policies. The patient and/or responsible party listed below hereby agree to pay all charges submitted by this office during the course of treatment for the patient. If the patient has insurance coverage with a managed care organization with whom this office has a contracted agreement, the patient and/or responsible party agree to pay all applicable co-payments and deductibles which arise during the course of treatment for the patient. The patient and/or responsible party also agree to pay for treatment rendered to patient which is not considered to be covered service by third party insurers or payors.

I agree and authorize that balances over 45 days may be applied to my credit card and that I will be responsible for obtaining insurance reimbursement for any outstanding claims. This consent will remain in effect unless cancelled in writing.

Child(ren)'s name:_____

Name of parent/guardian:_____

Signature:_____ Date:_____