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Financial & Office Policies

Dental Insurance and Financial Policies:

In order to establish optimal relations with our patients and avoid misunderstanding regarding our payment policies, our front office staff is trained to inform you of the financial policies of this office. Your signature below indicates that you understand and accept our policy. **Payment is due at the time of service.**

Your insurance is a contract between you, your employer and the insurance company. We are **NOT** a party to this contract. **Our office is only contracted with select dental insurance plans and you should contact our office if you have questions regarding your family plan.** You will need to supply our office with a copy of your dental insurance ID card. As a courtesy to our patients, we will file your insurance based on the information you provide. Most plans only cover a portion of the dental fee, which means you will be responsible for your deductible and the portion we estimate your plan will not cover. We will provide you with an estimate, but due to insurance terms, eligibility, and clauses, the estimate is **not** exact. For more specific details concerning your insurance, you should contact your insurance company. Payment of your estimated portion is expected at the time you are in our office for dental care. Please note that any deductibles or co-payments are strictly an estimate and there may be a balance remaining after your insurance pays. Some, or perhaps all, of the services provided may be non-covered services and not considered for payment by your dental plan. We do not base our treatment recommendations on the benefits of any insurance policy, but solely upon the dental health needs of our patients.

Sedations:

A reservation fee of \$100.00 is required to make a sedation visit appointment. This fee will be applied to your portion of the bill for that day. If the appointment is missed or if the patient is excessively late, the \$100.00 fee will be kept as a missed sedation fee charge.

Medicaid:

Our office accepts South Carolina Medicaid **ONLY**. We will bill Medicaid for the covered services, but you are responsible for any charges not covered at the time of service. If the recipient is not eligible at the time of service, you will be responsible for all charges incurred. You will need to supply our front office with a copy of your Medicaid card. *****ALL SERVICES ARE NOT COVERED BY MEDICAID*****

If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs that are incurred. If we have to refer collection of the balance to a lawyer, you agree to all lawyers' fees, which we incur, plus all court costs.

You will need to complete a Records Release form (which can be obtained from our office) if you wish to have copies of your records sent to another doctor or organization. If your account has a past due balance, records cannot be transferred until the balance is paid in **full**. Upon transfer of records, you authorize us to include all relevant information, including your payment history. After such request we have up to seven (7) days to send your records.



Payment Options:

Payment for services is due at the time dental treatment is provided. Every effort will be made to provide a treatment plan which fits your timetable and budget and gives your child the best possible care. We accept cash, debit cards and most major credit cards (Visa, Master Card). We will be happy to answer any questions concerning our policy or fees at any time.

Appointments:

- We value you as a patient and we specifically set a special time for your child's needs. Before your scheduled appointment, you will receive several reminders about your appointment. Please take the time to confirm or reschedule your appointment. Broken or missed appointments affect many people. If two (2) broken/missed appointments occur or two (2) cancellations without 24-hour notice, our office reserves the right to NOT schedule any subsequent appointments and/or apply a \$25.00 broken appointment fee. Also please note, if you arrive 10-15 minutes late for your appointment, you may be asked to reschedule for the next available appointment time.
- Emergency treatment: All emergency treatment MUST be paid in full at the time services are rendered.
- We invite you to stay with your child during treatment. We want every child to feel as comfortable as possible and sometimes having mom or dad nearby can be a great help. For the safety and privacy of all patients, other children who are not being treated should remain in the reception room with a supervising adult.

Consent:

By signing below, I agree that I have read and understand the policies of Tyger River Pediatric Dentistry. I understand that I will be consulted before any treatment is rendered. I do, however, give specific consent to do an examination, take appropriate X-rays, clean teeth, give a fluoride treatment, and provide oral hygiene instructions if deemed necessary. **I also acknowledge that I will be responsible for any charges incurred on this child for dental treatment.**

Signature of Parent/ Legal Guardian

Date