

**\*Anthem Pediatric Dentistry Financial Policies\***

Our doctors and staff are pleased to welcome your child as a new patient. To prevent any misunderstanding regarding payment for your child’s treatment, carefully review and sign the following financial policy. Please be advised that signing this form authorizes our office to use your personal, identifiable information, such as your name, address, social security number, date of birth, spouse’s information and your child’s name and birth date for (but not limited to) the following purposes: mailed appointment cards, insurance claims or pre-treatment authorizations, referrals, or for collection procedures.

- Your co-payment is required to be paid in full by cash, check or credit card, accompanied with a valid driver’s license/Nevada I.D. card at each appointment that service is rendered. *Your co-payment is an estimate only.* For extensive treatment, a preauthorization will be submitted to your insurance. A preauthorization is not a guarantee of benefit or payment. Actual benefit is not determined until your insurance receives our claim for processing. We accept Visa and Master Card.
- We recommend that you allow us to preauthorize any treatment plan over \$300 to ensure that you are not left with a large balance after the insurance has paid their portion. A preauthorization, however, can take up to 4 weeks. If you wish not to wait, we require payment in full as services are rendered.
- While we do our best to provide accurate information and to collect the maximum benefit for treatment rendered, there are times when a balance will remain after you have made a personal payment *and* the insurance company has made their payment. If this occurs, you will be responsible for any balance remaining on the account. There are no contract adjustments or write-offs on any balance after an insurance company has made their payment.
- We do not bill secondary insurances. We can help you with information needed for you to bill your secondary insurance for reimbursement.
- Please be aware that your insurance company may use an “out-of-network” fee schedule if we are not a contracted provider.
- We will verify your insurance eligibility and coverage information so that claims may be submitted following treatment. As a courtesy to you, we will send the claim to your insurance company once for each date of treatment. However, if we do not receive payment after 5 weeks from the date of submission, unpaid accounts become the patient’s responsibility. Patients not responding to statements and letters of overdue payments will be transferred to a collection agency for non-payment. An additional fee of \$35 or 35%, whichever is higher, will be added for processing and legal charges. Partial payment WILL NOT stop legal actions.
- We offer payment plans through a third party financing company. Please ask for details.
- In the event of a divorce, the responsible party is the parent that brings the child to the appointment, independent of what a divorce decree may state. Reimbursement must be made between the divorced parties. We will not intervene.
- If you are unable to accompany your child on the subsequent appointments, a form entitled “General Consent for Accompanying Child to Dental Office for Treatment” must be signed by you & must be turned in to us prior to treatment.
- Please notify us at least 24 hours in advance if your child cannot come to his/her dental appointment. There will be a charge of \$25 to your account for every appointment missed without 24 hour prior notification.
- We require that the fee for nitrous and sedation be paid at the time the appointment is scheduled. Half (1/2) this fee will be forfeited if the appointment is not kept unless you reschedule at least 24 hours in advance.
- For your comfort, one adult is welcome, but not required, to accompany your child to the operatory. We ask that only one parent come in the room and stay in the room. Coming in and out during treatment is distracting and not advised. We also ask that parents be a “silent partner” during treatment so that we may establish a good, direct relationship with the child. Siblings should wait in the waiting room. If siblings accompanied you to the office, we ask that you do not leave them unattended. So, if you wish to be in the operatory with your child, please do not bring siblings to the appointment. Cell phones are prohibited in the operatory.
- The person accompanying the child must remain in the office at all times while the child is in our office.

Thank you for your understanding. Your cooperation in this matter helps us to serve you and your child better.

I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS AGREEMENT AND I AGREE TO COMPLY WITH THE POLICIES. PAYMENTS FROM INSURANCE OR THIRD PARTY FINANCING ARE PAYABLE DIRECTLY TO ANTHEM PEDIATRIC DENTISTRY. THE PARENT OR GUARDIAN WHO ACCOMPANIES THE CHILD *AND SIGNS* THIS AGREEMENT IS RESPONSIBLE FOR PAYMENT.

SIGNED \_\_\_\_\_  
Parent or Legal Guardian

DATE \_\_\_\_\_

PRINTED \_\_\_\_\_