



## Our Financial Policy

Thank you for choosing DuPage Pediatric Dentistry for your child's dental needs. We are committed to providing your child with excellent dental care, while being successful in creating a positive dental experience. This agreement is to inform you of our Financial Policy, which we require you to read and sign prior to any treatment. Feel free to ask any questions. Please understand this policy is enforced to keep costs at a reasonable level, thus preventing frequent fee increases. This also allows us to concentrate on what we do best: caring for your child.

### FULL PAYMENT IS DUE AT THE TIME OF SERVICE

- **Insurance:** We participate in many PPO insurance plans; we do not accept HMO/DMO plans. Please become knowledgeable regarding your insurance benefits. Each plan is different and independent of other plans. It is ultimately your responsibility to understand your dental benefits- what is covered, what is not included. Please contact your insurance company with any questions or more information.
- **Updated information:** We must have complete and up to date insurance information in order to bill your insurance company on your behalf. Once your insurance company has processed your claim, any amount remaining is your responsibility and will be billed to you. Payment is due within 30 days of your statement date (a due date will be provided on the statement).
- **Co-payments:** All co-payments, coinsurance or deductibles must be paid at the time of service. The quality of insurance policies varies greatly therefore we can estimate your coverage in good faith but cannot provide any guaranteed coverage due to the complexities of insurance contracts. Failure on our part to collect copayments, coinsurance and/or deductibles from patients may be considered insurance fraud.
- **Non-covered Services:** Please be aware certain procedures may not be covered by your insurance benefits. If services are not covered or if you do not have insurance, payment is expected at the time of service unless payment arrangements were made prior to the appointment.
- **Proof of Insurance:** We will ask to make a copy of your insurance card and may require a photo ID to verify who you are as well.

- **Claims of Submission:** Our office is committed to helping our patients maximize their benefits. We will also attempt to help you get your insurance claims paid. Your insurance company may need you to supply certain information directly. **It is your responsibility to comply with their request.**
- **Coverage Changes:** Insurance companies have very strict requirements with regard to filing deadlines for reimbursement of claims. **Please notify us immediately of any insurance changes.** In the situation where a change in insurance was not provided and the claim has passed the timely filing deadline, the balance will be your responsibility.
- **Payment Plans:** For our patients with treatment plan fees over \$300, a 3 month payment plan is available free of finance charges. Total patient obligation will be divided as follows: 50% due at first treatment visit and the remainder due 30 and 60 days after the first treatment visit. Please contact our Insurance and Billing Coordinator, Julie, for more information.

**Accepted methods of payment:** cash, checks, HSA and credit card payments including Visa, MasterCard, Discover and American Express.

- **Billing Charges:** **A billing charge of \$15 will be accrued to any account in which the balance remains unpaid for by the due date provided on the first statement without payment arrangements. This billing charge will be added for each additional statement after the first.**
- **Past-due Accounts:** Any account that has had an unpaid balance for over 90 days and no attempt to make a payment from the parent/responsible party will result in a collection fee of 30% (of the balance on the final/last statement) your account being turned over to a collection agency and reported to the credit bureau.
- **Returned Checks:** If a check is returned NSF, there will be a \$45.00 charge and, from that point on, checks will not be accepted.
- **Missed Appointments:** Once an appointment has been made, please remember this time has been reserved specifically for your child. Ultimately the proper timing of your child's treatment has a great effect on the final predictable result of your child's dental and health care. Therefore we strongly urge that you do not postpone or cancel appointments. We see that patients who fail appointments and delay proper care, be it restorative or preventive visits, require more extensive and expensive treatment. **Be advised that the policy of this office is to charge \$50-75 for a missed appointment unless they are cancelled by contacting one of our team members 2 business days prior to their appointment.** We have patients on waiting lists and need adequate time to schedule them into any earlier times that become available.