

Pediatric Dental Specialist
Bel Air South Professional Center
2012 Tollgate Road, Suite 212
Bel Air, MD 21015
410-569-6700



WELCOME TO OUR OFFICE!

Thank you for selecting us to help take care of your children's dental health. We are committed to your child's treatment being a positive experience. It is our firm belief that all people who entrust their child's oral health to us want and deserve the finest dental care that we are capable of providing. In order to maintain this, the following financial policy must be followed.

Patients with Insurance

We will be happy to file all claims as a courtesy. If necessary, we will send a predetermination of benefits to your insurance company. This will state how much the insurance will cover and how much will be your responsibility. Prior to your first visit we will make every attempt to verify your dental insurance, however if we are unable to do so we will require full payment at time of treatment.

Once dental insurance is verified patients are to pay their deductible and estimated co-payments at the time of treatment.

Some insurance companies send payments for services rendered directly to the insured.

All patients of these insurance companies are required to pay the full amount at the time services are rendered.

Patients Without Insurance

We will be happy to provide you with a written estimate of costs if you have no insurance. Unless otherwise stated, all fees are due at the time of service.

Secondary Claims

We can not file secondary dental claims. However we will give you a computer generated statement with all necessary codes and procedures that you can submit to your secondary insurance carrier.

Forms of payment accepted

For your convenience we accept cash, check, Visa, MasterCard, Discover and American Express. We are also able to offer payment plans through CareCredit after proper credit approval. With CareCredit you can finance 100% of your dental care and there are no upfront costs, no annual fees, and no pre-payment penalties. Care Credit offers a full range of payment plans so you can find one that works best for you, some at no interest if the balance is paid within the specified time period.

Minor Patients

Minors must be accompanied by an adult at all times. The parent or guardian *accompanying* the minor is responsible for full payment at time of treatment. In the situation involving divorced or separated parents, the person who has signed for consent for treatment and brings the patient into the office will be held responsible for costs incurred during a child's dental treatment. We can not send statements to other people. If the guarantor (the party responsible for the account) differs from the party who has signed for consent, please inform the receptionist prior to treatment.

Collection fees

There is a \$30.00 fee charged for all returned checks. Account balances older than 30 days are subject to a finance charge of 1 ½ % per month. Any balance older than 90 days will be forwarded to Collections and subject to additional fees, including but not limited to, attorneys fees, court cost and any other fees assessed for the collection of the dept.

Duplication of X-rays and records

Original x-rays and records are the property of this office and ***always*** remain in this office. If x-rays and/or records are requested, Maryland state law allows a reasonable charge for duplication and states records must be available to the patient within 21 days. **We must have at least three days notice if you wish to have your x-rays and records duplicated. Our x-ray duplication fee schedule is available for you to examine.**

Please feel free to approach any of us anytime there is a question about your child's care or about any charges that have been incurred. We truly value your trust and confidence and will try to provide you with the finest professional care available.

Professional appointment times are very valuable. Please remember that once an appointment has been made, that time has been reserved specifically for your child. Our office tries to accommodate the busy schedules of our patient's parents. Therefore, we ask that you be considerate of the other parents and our staff by informing this office, at least twenty-four (24) hours in advance, if you will be unable to keep your appointment. There may be a \$50.00 missed appointment charge *per child* if 24-hour notice is not given. This office reserves the right to terminate professional treatment of any patient who continually fails to keep scheduled appointments.

Signature of Parent/Guardian _____ Date _____