



Welcome to our office! Please take some time to review our financial policy to ensure you are well informed on our policies. Please do not hesitate to ask if you have any questions about our fees, the financial policy or the co-pays. We are dedicated to providing your child with the best care and are happy to discuss any questions you may have.

Insurance

As a courtesy to our patients we do provide billing to your insurance company. **The patient responsibility (co-pay) for certain services provided is an estimate and is due at the time of service.** This amount may be subject to adjustment when the dental claim(s) are adjudicated by your insurance. Certain insurance companies have annual frequency and age limitations per each benefit year. If your child (ren) exceed any of these limits you are responsible for the full amount that exceeds the particular plans limitations. As the parent of the patient, **you are responsible for monitoring the amount of his/her remaining benefits for any benefit year , as well as understanding what services are covered by your plan.** You may not rely on any plan information provided by Seattle Kids Dentistry staff regarding your remaining benefits.

The parent accompanying the child for the appointment is considered the guarantor and is responsible for payment and may seek reimbursement from the other parent. Any unpaid balances are the responsibility of the parent/patient within 90 days, regardless of your insurance coverage. Failure to pay will result in delay of treatment and additional fees for collection of the account.

Any account balances that remain unpaid for 90 days from the date of service will accrue a late fee for each month unpaid and may be referred to a collection agency or attorney. In the event this occurs, you agree that you will be liable for the collection cost. Further, in the event any unpaid account balance is referred to an attorney for collection you will be responsible for all costs and reasonable attorney's fees incurred in connection therewith.

Non- Insurance Patients

We offer a discount to our patients that decide to self pay. A 10% discount will be made for payments given in cash or check and a 5% when payments made with a debit or credit card. **Payment is required in full on the day of service.** We do accept cash, checks, VISA, MasterCard and American Express.

Confirmations and Cancellations

Our system automatically sends a reminder 2 weeks and 3 days before your appointment, as well the day before. We have reserved specific time in our schedule just for your child and their particular needs. In addition, we have scheduled staff in accordance with the schedule. Confirmation of each child's appointment is therefore critical. Please take a moment to confirm your child's appointment on your confirmation email or text, by clicking the provided button within the confirmation so that we receive notification that you do, indeed, intend to arrive as scheduled. We require that you give 24 hours notice when cancelling appointments, so that we may have the opportunity to offer this time slot to another child in need of care. Please keep in mind that if you are late for an appointment we may require you to reschedule in order to avoid impacting our other patients and the rest of our schedule for that day. If we do require rescheduling your appointment, due to your tardiness, it will be considered a missed or "broken appointment". If a pattern of short cancellations or "broken appointments" occurs (more than one in a 12 month period) we reserve the right to charge for the missed appointment time at a rate of \$75 per child.

Patient Name(s): _____

Parent Name (printed): _____

Parent Signature (Guardian): _____ Date: _____