

Smile Starters Pediatric
Dentistry

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2024 UPDATED FINANCIAL POLICY

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions, please discuss them with our billing staff or office manager. We are dedicated to providing the best possible care and service to your child and regard your complete understanding of our financial policies as an essential element of care and treatment.

BASIC POLICY: Payment is due at the time of service unless other arrangements have been made in advance by either yourself or your dental plan coverage. For your convenience, we will accept cash, Visa, Master Card, Discover and American Express. We do not accept personal checks. The adult accompanying the child is responsible for payment for services rendered to a child patient.

_____ **Initial: PATIENTS WITH INSURANCE:** We bill most insurance carriers if proper paperwork is provided to us. Applicable co-payments, co-insurances, deductibles, claims unpaid due to inactive insurance or limitations of treatment are your responsibility. **Since all dental plans are different, it is your responsibility to know your plan and its limitations, including but not limited to your deductible, plan maximum and coverage details. If an insurance carrier has not paid within 60 days of billing, professional fees are due and payable in full from you.**

Smile Starters Pediatric Dentistry routinely provides our patients with an estimate of cost for the proposed treatment. Since your insurance determines the benefit payable for services, this office cannot be held responsible for 100% accuracy on what is only an estimate for treatment. This office provides *only an estimate* based on your insurance coverage. All insurance companies provide a disclaimer when insurance benefits are being quoted.

_____ **Initial: CANCELLATION POLICY:** In fairness to other patients and the doctor, we require **at least 24 hours** notice to cancel appointments. The doctor has reserved this time especially for you and your child to meet their dental needs. **You will be charged a non-refundable \$50. Any NO SHOW for Afternoon/Holiday/Weekend Appointments (Prime Time) without notice can only be rescheduled on morning, early afternoon appointments.** Multiple occurrences will result in dismissal from the practice.

LATE ARRIVALS: We strive to see patients at their scheduled appointment time. Therefore, Late arrivals (more than 15 minutes) may require rescheduling your child to another day.

COLLECTIONS: If an account is turned over to a collection agency and/or attorney for collection, the account holder will be responsible for all attorney and collection fees. Any account that is 90 days past due is subject to being sent to collections, unless other arrangements have been made.

I hereby verify with my signature below that I have read and understood the office policies stated above and also grant Smile Starters Pediatric Dentistry and/or affiliates permission to contact me in matters related to this form.

PATIENT NAME(S) _____

PARENT NAME: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____