

BabyTeeth Children's Dentistry

FINANCIAL INFORMATION, TERMS AND CONDITIONS

Welcome to **BabyTeeth Children's Dentistry!** We are dedicated to providing the finest care and service possible. In order to make payment for services as convenient as possible for you while at the same time maintaining our office in the highest standard of comprehensive care, please read the following information, terms and conditions.

These terms apply to all patients, including those who carry dental insurance. BabyTeeth Children's Dentistry may not directly participate with your dental insurance plans. However to help you utilize your insurance benefits, at your request, we may submit a benefits claim form to your insurance company on your behalf. If we choose not to accept assignment of benefits, it is our policy to instruct insurance companies to send insurance payments directly to the subscriber. We accept no responsibility in the collection of any insurance claims or in the negotiation of any settlements on disputed claims. In the event we receive any overpayment on your account by your insurance company, we will either credit your account or issue a refund check, when requested.

In the situation involving divorced or separated parents, the person who has signed for consent for treatment will be held responsible for costs incurred during a child's dental treatment. 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. In consideration of the professional services rendered, you agree to accept responsibility for the payment of such services and agree to pay all cost and reasonable attorney fees incurred by your failure to remit for services rendered. You authorize BabyTeeth Children's Dentistry to charge the credit card provided for any payments due. You grant permission to BabyTeeth Children's Dentistry, or its assigns, to contact you at home or work to discuss matters related to this form and account.

As a condition of treatment by **BabyTeeth Children's Dentistry**, all fees must be paid at the time the service is performed. Payment may be by cash, check or credit card. Any other payment arrangement must be authorized by the office manager in advance. Any account balance over 30 days may be charged to the credit card you have provided below, plus interest, at a rate of 2% per month (24% per year), and/or late fees, service charges where applicable. Fees estimated for proposed dental services are honored for a period of 30 days from the date of the treatment plan.

By signing below, I declare that I have read the above conditions of treatment and agree in content.

Name: _____ Signature: _____ Date: _____

CREDIT CARD ON-FILE INFORMATION

Please provide us with one of the following:

VISA #: _____ MASTERCARD #: _____ AmEx #: _____

Expiration Date(month/year): __ / __ Security Code: _____

Billing Address of Card : _____
Street Address City State Zip Code

Name of Cardholder: _____

Signature: _____

