

## Office Financial Policies

Thank you for choosing Children's Dentistry of San Diego for your child's dental care. We value our relationship with you and would like to share the following information regarding our payment policies and office fees.

For your convenience, we accept cash, check, Visa, MasterCard, and CareCredit cards.

If you will be using your employer Dental Benefit Plan, we will be happy to help you receive the maximum benefits available under your policy. However, please realize that the relationship is between you, the insured, and your insurance company. If we do not receive payment from your insurance company within 30 days after submission of your claim, you will be expected to pay for all dental services in full. In the event of duplicate payments, your account will be reimbursed. We provide an estimate of how much your insurance might pay towards any treatment. At your request, we will gladly process a pre-authorization for treatment; however this may result in a delay of treatment.

In the event our office is not able to verify dental insurance benefits or eligibility today. Please be aware that you are financially responsible for services and treatment provided by our office.

A billing fee of \$10.00 will be added monthly on any balance not paid in full within (30) days from the date of statement. If your account is sent to collections, a collection fee will be added to your balance. If your account should be sent to litigation, a minimum of a \$90.00 fee will be added to your balance.

Once the treatment plan and the estimated insurance benefits are reviewed with you, we require that you pay your portion in full at the time of service. The parent or guardian who brings the patient in for dental care must be prepared to pay for services rendered and is responsible for payment independent of what a divorce decree or custody arrangement may state.

When impressions are taken for an appliance, (e.g. pediatric partial) the entire fee is due at the impression appointment.

Cancellation notice must be provided at least 24 hours in advance. It is our policy to charge \$50.00 for a broken appointment. History of a canceled will result in a deposit required to reschedule future appointments.

Returned check fee is \$25.00.

Personal requests for duplicate dental records and x-rays will be assessed a \$25.00 fee.

I have read and understand Children's Dentistry's of San Diego Payment Policy & Office Fees.

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# Children's Dentistry of San Diego

www.starrysmilez.com

Patient Name:      
Last First MI Preferred Name

Response Date: