

Pediatric Dental Associate of Southbury, LLC

Financial Policy

We accept assignment of some insurance carriers. However, you must clearly understand and agree that:

1. Your insurance policy is a contract between you, your employer and the insurance carrier. Our relationship is with you, NOT the insurance carrier.
2. ALL charges incurred are charged directly to YOU and you are personally responsible for payment.
3. Deductibles and co-payments are due at the time of treatment. We estimate your co-payments according to your policy and DO NOT in any way guarantee that your insurance carrier will pay this amount.
4. If your insurance carrier does not pay within a reasonable amount of time, it is required that you pay the balance due.
5. Your insurance card MUST be presented at the initial visit. If there is no insurance card then payment (cash, check or credit card) is expected at the time of service.

We understand that temporary financial problems may occur. We encourage you to communicate any such problems with our office so that we can assist you in the management of your account.

Parent/Guardian Signature _____ Date _____