

Vernon Pediatric Dentistry

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Financial Policy

Thank you for choosing our practice for your child's dental care. It is our practice goal to provide exceptional pediatric dentistry for your child along with excellent customer service. The following is a statement of our Financial Policy, Please read and sign prior to any treatment.

YOUR FULL PAYMENT IS DUE AT TIME OF SERVICE. Payments can be made as: Cash, Check, Visa, MasterCard or Discover. A credit card will be requested to be kept on file for any balances after the insurance company has made payment and any missed reserved appointments.

Insurance

If you have dental insurance, full payment of your insurance deductible and estimated responsibility is due at the time of service.

Your dental insurance policy is an agreement between you and your insurance company. Please be aware that some and perhaps all of the services provided may be non-covered services, and therefore are your responsibility. You are responsible for your account, not your insurance company.

You are required to pay your estimated portion at the time of service. Any subsequent balances will be charged to your credit card on file. We will, on your behalf, bill and follow up on claims to your insurance. It is your responsibility to advise the office immediately of any insurance changes, balances on claims rejected due to terminated insurance will revert to full office fees and will be your responsibility. All other non-covered services under an active in-network policy will be billed to you at the contracted in-network insurance rates. The remaining balance will be charged to the credit card on file. In the event of any patient overpayment, we will refund the difference directly to you via a check. Our office does not do a "split bill" for divorced or separated parents, the parent bringing the patient to the appointment is the responsible party and must pay all fees due at time of service. The parent must collect any balances due to them from the other party; our office does not get involved in domestic financial issues or agreements.

Appointment Information

We make a special effort to provide you and your family with quality dental care, including reserving a special time for you and your family to receive care. Should you have to cancel your appointment please let us know 48 hours in advance.

Unless canceled 48 hours in advance, you will be charged a missed appointment at the rate of a normal office visit. For reserved restorative appointments the fee will be \$150.00 and for reserved hygiene appointment the fee will be \$75.00. At the discretion of the office a deposit may be required for scheduling future appointments.

Past Due Accounts

Accounts are considered past due after 30 days. Past due accounts will be charged a rebilling /finance charge of \$5.00 per month. Checks returned by your bank will be subject to a return check fee.

I have read, and understand and agree to this Financial Policy.

Parent or Guardian signature

Date