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www.smiles4children.net

FINANCIAL AGREEMENT

Thank you for choosing our practice for your child's dental care. We are committed to providing the highest quality dental care in a customer service environment. The following is a statement of our financial agreement, please read and sign prior to any treatment.

- Payment is due in full at the time of service.
• We accept Cash, Checks, Visa, MasterCard, Discover & American Express.

Dental insurance

- Your dental insurance policy is an agreement between you and your insurance company.
• If we have received all of your insurance information on the day of the appointment, we will submit the claim as a courtesy to you.
• You must be familiar with your insurance benefits, as any amount not covered by your insurance company is payable by you at the time services are rendered.
• Once your insurance company has responded to your claim, any balance is now your financial responsibility.
• If your insurance company does not pay for your child's services within 45 days of treatment, you are responsible for full payment.

Appointment information

- If you cannot keep your scheduled appointment we ask for at least 24 hours or one full business days notice. Please notify us during business hours. A \$50.00 per appointment fee will be charged for a failed appointment or an appointment that is cancelled less than 24 hours in advance.

Past due accounts

- Accounts are considered past due after 30 days from your statement date. Past due accounts will be charged a finance charge of 1.5% per month.
• Checks returned by your bank will be subject to a return check fee.

Out of network insurance

I understand that my insurance is "out of network" with smiles4children and benefits cannot be specifically determined. The amount due at time of service is an estimate only and I will be responsible for any balance not paid by insurance. (Please initial)

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

X Parent or Guardian (Print) X Parent or Guardian (Signature) X Date