Edward L. Ginsberg, DDS*
Rachael L. Simon, DDS
Deven V. Shroff, DMD*
Choti Jahnigen, DDS
Nathinee Jaiarj, DDS*
Catherine Kolasny, DDS
Jordan Virden, DDS
*Diplomate, American Board of Pediatric Dentistry

www.smiles4children.net

FINANCIAL AGREEMENT

Thank you for choosing smiles4children for your child's dental care.
The following is a statement of our financial agreement. Please read and sign. Smiles4children reserves the right to change this financial policy at any time. A current financial policy will always be available upon request.

- Payment is due in full at the time of service.
- We accept Cash, Checks, Visa, MasterCard, Discover, American Express & Care Credit.
- Online Bill Pay is available through our website www.smiles4children.net

Dental insurance

- Your dental insurance policy is an agreement between you and your insurance company. Please familiarize yourself with your benefits as any amount not covered by your insurance company is payable by you at the time services are rendered. These fees include deductibles, co-payments, or certain procedures not covered or partially covered by your insurance policy.
- 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. If this information is not available you will be responsible for fees the day of service.
- Once your insurance company has responded to your claim, any balance is now your financial responsibility. This will be billed to you and payment is due within 30 days.
- 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 day notice. Please notify us during business hours. A $60.00 per appointment fee will be charged for a failed appointment or an appointment that is cancelled less than 24 hours in advance. Multiple failed appointments will result in discharge from our care.

Past due accounts

- Accounts are considered past due after 30 days from your statement date. Account balances exceeding 90 days in age from time of service may be forwarded to a collection agency. All costs incurred in collecting unpaid fees will be charged to your account. All customers on the account will be discharged from the practice.
- 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__________________________	X____________________________	X__________
Parent or Guardian (Print)	Parent or Guardian (Signature)	Date

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