



Local Smile Co.
PEDIATRIC DENTISTRY

FINANCIAL POLICIES FORM

DENTISTRY FOR INFANTS, CHILDREN, AND ADOLESCENTS

We will verify your insurance eligibility and coverage information so that claims may be submitted following treatment. Please remember we submit claims as a courtesy to our patients. You, the parent or legal guardian, are ultimately responsible for any balance on the account regardless of insurance involvement. The insurance contract is one between subscriber (parent/guardian) and insurance company.

You must be familiar with your insurance benefits, as we will collect from you the estimated amount that insurance is not expected to pay. By law your insurance company is required to pay each claim within 30 days once they have been received. We file all claims electronically so your insurance company will receive each claim within days of the treatment. You are responsible for any balance on your account after 30 days, whether insurance has paid or not. If you have not paid your balance within 90 days, a finance charge of 1% will be added to your account each month until paid. We will be glad to send a refund to you once we have received payment from your insurance carrier.

Co-payment is estimated only. For extensive treatment, a pre-treatment estimate can be submitted to your insurance per your request. A pre-treatment estimate is not a guarantee of benefit or payment. Actual benefits are not determined until your insurance carrier receives a claim for processing.

While we do our best to provide accurate information and to collect the maximum benefit for treatment rendered, there are times when a balance will remain after you have made a personal payment and the insurance has made their payment. The responsible person is liable for any balance remaining on the account, regardless of insurance. There are no contract adjustments or write-offs on any balance after an insurance company has made their payment.

It is the subscriber's responsibility to respond to any and all insurance inquiries. Claims may be pended if additional information is needed regarding secondary insurance coverage or parental liability as a result of divorce.

Payment is due at the time of treatment. We accept Apple Pay, Master Card, Visa, and American Express. Payment with personal check will be accepted not to exceed \$200. There is a \$50.00 insufficient funds charge on any returned check.

We work with Care Credit for third party financing. The parent or legal guardian of the patient will fill out a loan application. The third party loan does not affect the responsible person's obligations under this agreement. All proceeds will be paid directly to Dr. Andrea Pinnick Gamble.

After the examination of your child is completed, you will be given a printed summary of the projected treatment with an estimate of the anticipated fees. Please note that this is an estimate only and is subject to change with unforeseen changes in the treatment. Changes in the treatment plan do not diminish the parent or legal guardian's responsibility with regard to payment.

There will be a \$25 charge for all failed appointments; parents must cancel 48 hours in advance to avoid this fee.

Patient's Name _____

Parent or Legal Guardian's Name _____

Parent or Legal Guardian Signature _____ Date _____

If you have questions about any of this information please speak with one of our team members.