

FINANCIAL POLICIES

Cash/Check/Credit Card

We request payment in full at time of treatment.

Insurance Billing

We are *not* a preferred provider (PPO) for any dental insurance company. As a courtesy, we will bill your insurance company for you after each visit. Payment of your percentage (co-payment and /or deductible) not covered by insurance is due at the time of treatment. Co-payments are estimates based on percentages, additional amounts may be due after we receive payment from your insurance company. However, if there is no payment from your insurance company to our office within 60 days you are responsible for the balance in full at that time. Insurance companies vary greatly from family to family and please understand that it is a contract between your family and your insurance company. **Due to insurance companies changing their frequency limitations, there may be a procedure not covered that had been covered at your last visit. Please alert our staff if your insurance company has made changes in your frequency limitations. At no time can we guarantee what your insurance company will or will not pay on each claim. Again, we file claims as a courtesy to you.**

Statements

You will receive a monthly statement if you have an account due. After 60 days your statement will indicate that your account will be due in full.

Returned Checks

In the event your check is returned as Insufficient Funds there will be a \$25 charge.

Missed Appointments

In the event you miss an appointment there will be a \$50 charge. To avoid this charge please give us 24 hour notice to cancel/reschedule an appointment.

Collections

If your account is referred to collections there will be a \$75 processing charge.

Financial Responsibility

The parent/guardian that accompanies the child to the dental appointment is responsible for the co-payment, deductible or full payment at the time of that visit. As the parent/legal guardian of a minor patient, I hereby agree to accept financial responsibility for dental treatment provided by Dr. Krista V. Badger, DDS, PC. I acknowledge that I am financially responsible for all charges whether or not paid by insurance. There is no interest or finance charge on current accounts. After 60 days, all accounts are subject to a Finance Charge of 1 ½ % of the unpaid balance (or a minimum charge of 50 cents), which is an Annual Percentage Rate of 18%. If it becomes necessary to effect collections the undersigned agrees to pay for all costs and expenses including reasonable attorney fees.

Print Name

Signature

Date