

Kerber Smiles Pediatric Dentistry

Financial Policy

Welcome to our practice, we thank you for entrusting us with your child's dental needs. As a Pediatric Dental Team our focus is to combine our knowledge and talents to ensure excellent, ethical, superior dental care for your child. This foundation helps promote a positive outlook to lifelong dental needs.

Regarding Insurance:

We accept assignment of benefits from your insurance company, provided that you furnish us with all necessary information. Please keep in mind that your insurance is a contract between you, your employer and the insurance company. We will submit all claims to your insurance as a courtesy to you.

____ I understand it is my responsibility to know my insurance contract, limitations, maximums and exclusions. I realize that regardless of insurance I am ultimately responsible for any fees incurred. Dr. Kerber's office will provide an "estimation" of my out of pocket expenses to the best of their abilities. If my insurance does not pay within 60 days I will be responsible for payment in full and will obtain reimbursement from my insurance on my own.

____ I understand that Dr. Kerber's treatment recommendations are not based on insurance coverage, but on the individual needs of my child.

____ For CASH accounts, payment in full is due at the time of service for all preventive services. Should treatment be recommended, 50% of the treatment amount is due at the time of scheduling. The remaining balance is due on the date of service.

Payment Options:

1. Cash, personal check, Visa, Mastercard, Discover or American Express
2. Financing is available with *Care Credit*, a Healthcare Credit Card with no annual fees and offering interest free financing for terms of 6-12 months
3. **5%** Courtesy discount for *full cash payment*

Our commitment to your child's dental health requires that you recognize that regardless of marital status that the *parent who accompanies the child* to the visit is ultimately the parent responsible for fees regardless of divorce decrees.

Dr. Kerber considers every patient equally as important as the next. Therefore, we require a minimum of 24 hours' notice for a cancellation. There may be a fee of \$50.00 for any missed appointment when proper notice is not received.

I have read and initialed all of the above. I have had my questions answered and have a clear understanding of this financial policy.

Guarantor Signature

Date