

We're in the Business of Children's Smiles

www.CltPediatricDentistry.com

Specializing in Pediatric Dentistry

Financial Policy with HIPAA



Welcome to our practice! We recognize the importance of a relationship with your family founded on trust and communication. The following information will outline our office's financial policy. We welcome any questions you have and will do our best to answer them adequately.

Payment Policy

Please be aware that the parent who brings the child to his or her appointment is legally responsible for the payment of all charges. This parent is responsible for payment of fees regardless of pre-existing custody agreements or court orders. As a fee-for-service practice, we require payment at each appointment for services rendered that day. We accept Visa, Master Card, Discover, cash and personal checks, CareCredit, Amex. Additionally, a \$38.00 returned check fee will be assessed as applicable.

An insurance policy is a contract between you as a subscriber and the carrier of your insurance. Please be familiar with the benefits of your policy. For our patients with insurance, we will file your claims for you as a courtesy. Generally, the portion not covered by your insurance benefit is payable at the time of treatment unless a written pre-treatment estimate is obtained from your insurance company prior to the appointment. Our office does not file secondary insurance; however, we will gladly print a claim for you to file for reimbursement. We do NOT file Medicaid as a secondary insurance. Signing this form constitutes authorization to release personal health information to insurance companies for reimbursement purposes.

Balances over 30 days are considered past due and may become subject to a 1.5% Finance Charge. If your account becomes past due, the account may be turned over to a collection agency. Any fees incurred due to collection process are your responsibility. We may be obligated to report your account status to any credit reporting agency. If you have any questions concerning fees or regarding statements, please do not hesitate to ask our Account Coordinator.

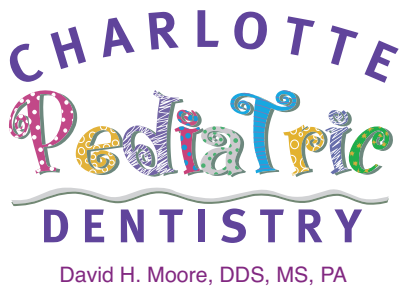
Appointment Policy

In consideration of our patients that are waiting to be scheduled, broken appointments or appointments cancelled without 24-hour notice may have a \$51.00 broken appointment charge assessed. Additionally, cancelled appointments without proper notice may necessitate in pre-payment of services prior to the visit being rescheduled. The time we reserve for your child's dental appointment is very important. CPD starts confirming appointments 2-3 days prior to your scheduled appointment. Please be advised that if we do not receive a confirmation verbally or via email/text by the requested time of 24 hours, we may need to cancel or reschedule the appointment to another time in order to accommodate confirmed and on time patients. You may be given the option of waiting until we can work your child back into the schedule.

If a pattern of broken or cancelled appointments persists, the patient may be placed on an inactive list to ensure that those patients committed to keeping appointments may be seen in a timely manner.

Child's Name _____

Signature of Parent/Guardian _____ Date ____ / ____ / ____



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Acknowledgment of Receipt of Notice of Privacy Practices



Name of Patient _____ Date of Birth ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

I have received a copy of the Notice of Privacy Practices for Charlotte Pediatric Dentistry.

Signature of Parent/Guardian _____ / ____ / ____
Date

For Office Use Only

We are unable to obtain a written acknowledgment of receipt of the Notice of Privacy Practices because:

- An emergency existed and signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with request for signature by return mail.
- Unable to communicate with the patient for the following reason:

Other: _____

Prepared by Signature _____ / ____ / ____
Date