Statement of Financial Policies
Greenpoint Pediatric Dentistry

General Remarks

We appreciate payment at the time of service and will accept personal checks, VISA, and MasterCard. Payment will be collected at the time of arrival and you will receive receipt of your payment or insurance co-pay and any insurance forms that you may need.

Our clinicians share your concern about the cost of medical care. We therefore invite you to discuss frankly with us any questions you may have regarding our services or fees. If you anticipate problems with your insurance coverage or personal payment, you are encouraged to contact us. The earlier we know about a possible problem, the better we are able to develop suitable options for you.

Agreement

This is an agreement between **Greenpoint Pediatric Dentistry**, as provider and creditor, and the Patient, or legal guardian of, named on this form. By executing this agreement, you, Patient, are agreeing to pay for all services that are received.

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. All balances are expected to be paid in full upon receipt of this statement. Payments not received within 30 days of receipt of statement are considered past due and could be subject to late fees or interest penalties.

If You Have No Insurance: You may prefer to secure a loan from your financial institution or credit union. You are invited to discuss this with our associates in advance of service. You must pay all deductibles, co-pays, and co-insurances in full at time of service. You may choose to pay with cash, check, or credit card. You may choose to pay for all services in full and file with your insurance company. Patients must pay co-pays or deductibles before surgical procedures are performed and at the time that office services are rendered, if there is no insurance carrier contract provision to the contrary.

Insurance: Insurance is a contract between you and your insurance company. We will bill your primary insurance if you have provided correct information. Although we may estimate what your insurance company may pay, the insurance company makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance. If the insurance does not pay within 60 days from the time services are rendered, the balance may be billed to you.

Required Co-Payments: Any co-payment required by an insurance company must be paid at the time of service by contract. We cannot bill you for these fees.

Returned Checks: There is a fee of $25.00 for checks returned by the bank. If a returned check is received on your account, you will be required to pay all fees associated with this check. Future visits may need to be paid in cash prior to being seen.

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Missed Appointments: When a patient does not show for an appointment or cancels with less than 24 hours' notice, the patient may be subject to a $35 fee for routine appointments and an $80 fee for extended appointments (physical exam, procedure). This fee would be due prior to scheduling a new appointment.
Good medical care requires a mutual relationship of trust, confidence and respect. Persistent failure to keep scheduled appointments may result in dismissal from the practice.

Past Due Accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we are forced to refer your collection balance to a lawyer, you agree to pay all lawyer fees which we incur plus all court costs. In case of suit, you agree the venue shall be in King's County, New York.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Personal Injury/ MVA: We do not bill attorneys for medical services. Any services performed in relation to a personal injury case must be paid in full at time of service.

Disputes: You should notify us of discrepancies in writing immediately. We will investigate and resolve your dispute within 30 days.

Patient/ Guardian Signature:..... **Date:**.....