Welcome To Growing Smiles Pediatric Dentistry!

FINANCIAL POLICY AND NOTICE OF PRIVACY PRACTICES

DEAR PARENT/GUARDIAN:

GROWING SMILES & DR. KELLI HENDERSON WELCOME YOU AND YOUR PATIENT TO OUR OFFICE! THE FOLLOWING IS OUR FINANCIAL POLICY, INCLUDING PAYMENTS FOR SERVICES AND INSURANCE.

WE ASK THAT YOU READ IT OVER, AND IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO ASK A TEAM MEMBER BEFORE SIGNING BELOW.

TERMS OF AGREEMENT

❶ GROWING SMILES IS A FEE-FOR-SERVICE PRACTICE. REGARDLESS OF THE CURRENT FAMILY STATUS OF THE PATIENT'S PARENTS OR GUARDIANS, IT IS OUR POLICY THAT THE PARENT OR GUARDIAN ACCOMPANYING THE PATIENT AT THE FIRST VISIT IS RESPONSIBLE FOR PAYMENT AT THE TIME OF SERVICE AND AT ALL SUBSEQUENT VISITS. THUS, THE PERSON SIGNING THIS FORM IS RESPONSIBLE FOR THE PATIENT'S ACCOUNT.

❷ IF THE PATIENT IS COVERED BY AN INSURANCE CARRIER, A TEAM MEMBER WILL ELECTRONICALLY FILE YOUR CLAIM ON YOUR BEHALF. **YOU WILL BE RESPONSIBLE FOR ALL FEES NOT COVERED BY INSURANCE AT THE TIME SERVICE IS PROVIDED.**

❸ ALL PATIENTS MUST PROVIDE ACCURATE VERIFICATION OF INSURANCE ELIGIBILITY DURING EACH VISIT IN ORDER FOR GROWING SMILES TO FILE INSURANCE CLAIMS ON THE PATIENT'S BEHALF. PARENTS/GUARDIANS WHO ARE UNABLE TO PROVIDE VERIFICATION SHOULD EXPECT TO MAKE PAYMENT IN FULL AT THE TIME OF TREATMENT.

❹ IF THE PATIENT IS NOT COVERED BY A DENTAL INSURANCE PROVIDER, YOU WILL BE RESPONSIBLE FOR ALL FEES AT THE TIME CARE IS PROVIDED.

❺ GROWING SMILES GLADLY ACCEPTS CASH, VISA, MASTERCARD, DISCOVER AND PERSONAL CHECKS, WITH PROPER IDENTIFICATION. A $35.00 FEE IS ASSESSED FOR ANY RETURNED CHECKS.

❻ PLEASE NOTE THAT GROWING SMILES RESERVES THE RIGHT TO WITHHOLD TREATMENT IN NON-EMERGENT CASES IF THE PATIENT HAS AN UNPAID ACCOUNT BALANCE FROM PREVIOUS DATES OF SERVICE. GROWING SMILES ALSO RESERVES THE RIGHT TO REFER UNPAID ACCOUNTS TO A THIRD PARTY COLLECTION AGENCY FOR FOLLOW-UP.

BY SIGNING BELOW, I AFFIRM THAT I AGREE TO AND UNDERSTAND THE FOREGOING POLICY

PARENT /GUARDIAN NAME

PATIENT NAME

PARENT/GUARDIAN SIGNATURE DATE

GROWING SMILES IS COMMITTED TO KEEPING HEALTH INFORMATION PRIVATE. BY SIGNING BELOW, I AFFIRM THAT I HAVE BEEN NOTIFIED OF GROWING SMILES HIPAA PRIVACY PRACTICES AND HAVE BEEN PROVIDED A COPY OF THE SAME, IF REQUESTED.

PARENT/GUARDIAN SIGNATURE DATE

GROWiNG SMiLES
pediatric dentistry