



Specialists in Pediatric Dentistry

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Financial Policy

Payment Due: The full balance on the account is due at the time of treatment, unless previous claims are outstanding on the account. At treatment visits, we collect a percentage of the total cost of treatment at the time of service, this is just an **ESTIMATION** not the balance owed for the work. In the event of underpayment, after insurance has paid for treatment, the balance is the responsibility of the parent or guardian immediately after receiving a statement. For your convenience, we accept cash, check, debit, credit card (excluding American Express). In the event of overpayment, you will be reimbursed by check in the mail unless you decide to keep the credit on your account for future visits.

Statements: If you have a balance on your account, we will send you a statement in the mail to the address we have on file for the parent or guardian. It will show your current and previous balance. It will not reflect any details regarding what your insurance company paid, deductibles, percentage of coverage, limitations or frequency, etc., those details will come in the Explanation of Benefits from your insurance provider(s). We are on a 30-day billing cycle.

Past Due Accounts: Unless prior arrangements have been approved in writing by our office, the balance on your statement is due and payable when the statement is issued and is past due if not paid by the due date printed on the statement. If necessary, accounts that are not paid on within ninety (90) days will be referred to our collection department. If balance is not met, the responsible party(ies) will be responsible for all cost of collections, including court costs.

Insurance: We are happy to file dental claims for our families who have dental insurance with in-network benefits. We are a participating provider with the following companies: Delta Dental Premier & Advantage, Horizon Blue Cross & Blue Shield Traditional.

We also are happy to file claims to any company that will pay us directly and does not restrict coverage to a list of participation providers. **Filing your insurance claim is not a guarantee of payment.** Please understand that the contract for dental insurance is between you and your insurance company. Any dispute of coverage needs to be handled through the insurance company directly by you. The parent or guardian has the final responsibility for payment of any services rendered. Our doctor's recommends treatment based on your child's needs, not on what insurance will pay. Therefore, we will do everything possible to maximize your benefits.

It is your responsibility to provide us with the most accurate dental insurance information and updated as necessary. Accurate and complete insurance information must be provided so we may assist you in filing your claim promptly. Most insurance coverage will be verified before your insurance company can be billed. In the event that your insurance has not paid your account within ninety (90) days, the balance may be transferred to your account. We reserve the right to discontinue or refuse to file a claim. In some instances, insurance plans will make payments directly to the member and payment in full will be collected on the day that treatment is provided.

Divorce/Separation: The parent or guardian who brings the child for their initial visit is responsible for payment independent of what a divorce decree or custody arrangement may state. Reimbursement must be made between the divorced parents. We will not intervene.

Returned Checks: There is a \$35 fee for any checks returned by the bank.



Initial: _____

Appointment Policy

Appointment Time: Children tend to do better in the dental office when they are not tired. Therefore, we encourage morning appointments, especially for pre-school or nervous children. For many children, just a simple filling at the end of a long day, when they are tired, can seem like a major ordeal. Please keep in mind, one of our goals is providing dentistry that is as pleasant as possible for your child and that a dental appointment is an excused absence from school. We value your time in scheduling the sufficient time needed for each appointment and **it is very important that you have your child in the office at the time scheduled.** If you are more than 10 minutes late, it may be necessary to reschedule your child's visit.

Cancelling or Rescheduling: We request that cancellations are made 48 hours prior to the appointment. In doing this, appointment time may then be made available to another family. Two (2) broken appointments or "no shows" may affect future scheduling at another time.

I have read the above policies and understand my obligations with Mercer Children's Dentistry for my child's dental care. I affirm that my signature represents my agreement to all of the terms and conditions mentioned above and the agreement will be in full force and effect.

Guardian Print Name

Guardian Signature

Date