OFFICE POLICIES AND FINANCIAL AGREEMENT

Thank you for choosing Little Smiles of Delaware to provide your child's dental care. We consider it an honor to have been chosen by you to do so. We are dedicated to providing top-notch dental care to our patients in a compassionate, friendly and caring manner. We utilize only the most advanced dental technology and tailor each experience to the specific needs of our patients.

Dental Insurance: Dental insurance plans do not normally provide full coverage of your dental bill. Your dental coverage is a contract between you and your insurance company and as a courtesy to you we will help process all your insurance claims. All charges incurred are your responsibility regardless of insurance coverage. **Your estimated co-payment for treatment, which is the amount not covered by insurance, is due at the time of service**.

Our office makes every effort to give you an accurate estimate of what your portion of our fees will be based on the information provided to us by your insurance company. However, we have no way to guarantee the actual terms of your policy. If for any reason there is a balance remaining after your insurance company's payment, you will be sent a statement.

If your insurance has not paid within 60 days from the date of service, we will look to you for prompt payment of the balance in full. All costs for collection of the account, should collection procedures or small claims court become necessary, will be passed on to the patient and/or the responsible party. I understand that, due to any false information, I will be subject to criminal prosecution.

Patients without Insurance: We provide a written estimate of fees and payment in full is expected at each visit for services rendered.

Finance Charges: Finance charges will be applied to balances not paid within 60 days of the date services were rendered. A finance fee of 1.5% APR of the unpaid balance will be assessed monthly until the account is paid.

Minor Patients: The parent or guardian accompanying the minor is responsible for full payment. In the case of separated or divorced patents, the parent accompanying the child is responsible for payment at the time of service. This office will not attempt to collect payment from a parent that is not present in the office at the visit.

Sedation: Most insurance plans do not cover oral sedation. A sedation fee of $127 is due in full along with estimated dental co-payments on the day of service.

Returned Checks: A $25.00 charge applies for checks returned by the bank.

Cancelation Policy

We require a two-business day notice for any appointment changes to avoid a $50 cancellation fee.

Consent and Authorization:

I have been informed of the treatment plan and associated fees. I authorize dental treatment on my child and agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health care information to carry out payment activities in connection with claims submitted from this office. I agree to abide by the policies outlined herein.

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Printed name of parent/responsible party agreeing to above terms

☐ By checking this box, I understand the above information and agree with its content. This will serve as my electronic signature for the Financial Policy.

Signature of Parent/Guardian: _____