

Financial Agreement



Thank you for choosing **Grins on Green Bay** as your child's dental care provider. We are committed to providing your child with the best possible dental care and successful treatment! The following statements detail our office policies in effort to eliminate any confusion or misunderstanding. Please let us know if you have any questions.

Grins on Green Bay is a fee for service office. Payment for services is **due in full at the time services are provided**. The parent/guardian that accompanies the child to the appointment is responsible for payment unless payment is made **prior to the appointment**. Cases of divorce or other custody disputes, regardless of divorce decree are **no exception**.

Patients with Dental Insurance:

As a courtesy, we will gladly file any PPO dental insurance claim for reimbursement back to you. However, most insurance companies do not alert us to the fact that they have issued you a check. **Please monitor this carefully!** If you have not received your reimbursement within four weeks, we recommend you call your insurance company and inquire the status of your claim. We **cannot guarantee your coverage or payments**. Ultimately, our relationship is with you and your child, and not your dental insurance company. Your dental insurance is a contract between your employer and the insurance company. We want to provide our patients with the finest treatment available and base our treatment recommendations on what will be best for your child rather than what your insurance company does or does not pay. Every effort will be made to provide a treatment plan fitting your timetable and budget! Our primary goal is to provide your child with the best possible treatment in a safe environment, using higher quality supplies and medications. We will gladly discuss and answer to the best of our ability any questions regarding the financial aspects of dental treatment. Please let us know if we can be of further assistance.

Payment Options:

The parent/legal guardian accompanying a minor (under 18 years old) is responsible for the full payment. For your convenience we accept Visa, MasterCard, American Express, Discover, Care Credit and Personal Checks. Any returned checks will incur a \$50 processing fee.

Appointments:

We make a special effort to provide you and your family with quality dental care, including reserving a special time for your child to receive care. Should you have to cancel your appointment please let us know two business days ahead of time. Unless cancelled 2 business days in advance, you **will be charged** for a missed appointment at the rate of a normal office visit.

Our ability to give your child excellent pediatric dental care is compromised if you are late. Please call ahead and notify our office so that we may do our best to be flexible and make every attempt to succeed in our efforts. If you arrive 10-15 minutes late for your child's appointment, you may be asked to reschedule the appointment if we feel it is not possible to give your child the quality care they deserve resulting from the reduced amount of time. We strive to see all patients on time for their scheduled appointments and make every effort to be respectful of your time and the patients after you.

I grant permission to Grins on Green Bay to contact me at any phone numbers and emails provided to discuss matters related to my child's oral health and/or account. I accept financial responsibility for this child/children. I authorize release of any dental information necessary to process this claim and all future claims. **I will be responsible for reporting any changes in my child's dental insurance coverage**. I have read the above policies and agree to their content.

Signature of Responsible Party: _____ Date: _____