



Thank you for choosing our office to provide dental care for your child. We believe that the best relationships are built on communication and understanding. Therefore, we offer the following explanations of payment for services:

Payment

Payment is due in full at each appointment when services are rendered.

We accept cash, personal check, credit cards (Visa, Mastercard). We are also a participating Care Credit provider.

A charge of \$30 will be assessed on checks returned for any reason. After (2) incidents of returned checks, we will no longer accept a personal check.

We recognize that under unusual circumstances an account balance may be incurred. Middle Tennessee Pediatric Dentistry requires that all outstanding balances be paid in full within thirty (30) days unless other arrangements have been made. Also note, if we have not received payment or you have not contacted us within thirty (30) days, further action may be taken with a collection agency or with Small Claims Court. We reserve the right to apply an interest rate of eighteen percent (18%) from the date of service.

Dental Insurance

Dental insurance is a contract between your employer and the insurance company. We cannot influence the portion of our fees that are covered by your insurance company.

Most dental plans have a deductible that you must pay each year, typically \$50-\$100.

With the exception of some preventive services, such as cleanings and x-rays, your insurance company will not fully cover the cost of treatment. You are responsible for the portion they do not cover, payable on the day your child receives treatment.

As a courtesy to you, it is our pleasure to assist you in maximizing your insurance benefits by filing your claims with your insurance company.

Please be aware that the person bringing the child for dental care is legally responsible for the payment of all charges. We cannot send statements to other persons.

Pre-Treatment Authorization

Some insurance companies request an estimate of the work to be done and the fees to be charged before determining their benefits to you.

We will give you an estimate of necessary treatment and our fees which you may convey to your insurance company

It will be up to you to determine if you wish to proceed with treatment before the insurance benefits are determined

Fillings

We are an amalgam-free office and as such only offer composite (white) fillings. Many insurance companies will not reimburse for white tooth-colored fillings. Instead, they reimburse for the less expensive silver/mercury fillings. If you have one of these plans, you are responsible for the difference in cost of these fillings.

Nitrous Oxide/Oral Sedation

Pharmacological behavior management is not routinely covered by insurance. If your child requires oral sedation, we require that you pay ½ of the sedation fee when scheduling the appointment. If you cancel with less than 24hrs notice, fail to adhere to pre-op instructions, or do not show for your scheduled appointment, you will forfeit this deposit.

Appliances

Space maintainers are not always covered by dental insurance. ½ of the appliance fee is required the day the impression is taken. This is necessary because our office must pay for the lab fees when appliances are ordered, not when they are completed.

Emergency Treatment

All emergency treatment must be paid in full at the time the service is rendered. If an emergency occurs after normal business hours, an “After Hours Office Visit Fee” will be assessed and you will be billed the next business day.

Please remember, even if you have insurance coverage, you are responsible for payment of your account. Please realize that insurance coverage is a relationship between you, the insured patient, and your insurance company. Your understanding and cooperation are greatly appreciated.

I have read and understand Financial Policy of Middle Tennessee Pediatric Dentistry.

Legal Guardian Signature: _____

Date: _____