

Thank you for choosing us as your dental health care provider. We would like to take this opportunity to welcome you to our practice and assure you that we will provide to you the very best dental care that we can offer. The following is a statement of our Financial Policy, which we require that you read and sign prior to any treatment.

- PAYMENT IS DUE AT THE TIME OF SERVICE
- WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, DISCOVER CREDIT CARDS
- WE ALSO OFFER CARE CREDIT, WHICH IS AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL

REGARDING INSURANCE

We request that any co-payments, deductibles, and any services not covered by your insurance plan be paid at the time the service is provided. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance unless you bring in all insurance information at your initial visit. Your insurance policy is a contract between you and your insurance company. Please be aware some and possibly all of the services provided may non-covered services and not considered reasonable, usual, and customary under the terms of your dental policy.

RESPONSIBLE PARTY

The adult accompanying a minor and/or the parents (or guardians) are responsible for full payment at the time of service.

PAYMENT PLANS

Great Beginnings Pediatric Dentistry, PLLC has partnered with Care Credit, a patient financing company, to offer our patients 0% interest financing 3, 6, or 12 months with credit approval. No other payment plans are available.

BILLING

Great Beginnings Pediatric Dentistry, PLLC has partnered with Care Credit, a patient financing company, to offer our patients 0% interest financing 3, 6, or 12 months with credit approval. No other payment plans are available.

COLLECTIONS

Any account that has not received payment in 60 days will be handed over to a collection agency that will pursue the responsible party for reimbursement. This will negatively impact your credit history and limit the treatment you can receive at our office.

NITROUS

If a “No Show Appointment” occurs, you will NOT be refunded the half of the nitrous appointment that was required to schedule. If you cancel an appointment less than 24 hours prior to the scheduled appointment, you will NOT be refunded the half of the nitrous appointment that was required to schedule. Parent/guardians will then be required to pay another half of the nitrous fee prior to re-scheduling a nitrous appointment.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. We look forward to providing your child the utmost quality dental care.

I have thoroughly read through and agree to this policy.

Child's Name

Guardian Signature

Date

LOCATED AT:

127 Winslow Street
Watertown, NY 13601

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