

FREDERICK PEDIATRIC DENTISTRY L.L.C.

Practice Agreement

Thank you for choosing us for your child's dental care. Dr. Camacho and the staff of Frederick Pediatric Dentistry have been specially trained to provide comprehensive dental care for your child in a fun and educational environment. *Affordable service, when provided on a timely basis, can avoid more costly procedures later.* To minimize administration costs, we ask that you be aware of the following:

- A) Payment** is due at the time service is rendered unless prior arrangements have been made in advance. To ensure that payment is comfortable, we offer a variety of financial options. Cash, personal checks, Visa, MasterCard, Discover, and American Express. If it becomes necessary to bill you and payment is not received by the due date posted on the statement a late fee of \$20.00 will be assessed for each month a payment is not received.
- B) Insurance:** Your insurance coverage is a contract between *you, your insurance company, and your employer. We are not a part of the contract.* We will be happy to bill your *primary* insurance carrier for you; however, **any co-insurance and any non participating insurance will be due in full at time of service.** Although we attempt to estimate your portion due at time of service, **this is only an estimate!** the exact full amount can only be determined after receipt of insurance payments. You are responsible for filing any *secondary* insurance claims. In the event that your dental plan determines a service to be "not covered" you will be responsible for the complete charge. In that event we will bill you, and payment is due upon receipt of that statement. If your insurance company requires a referral and-or preauthorization, you are required to obtain it.
- C) Frederick Pediatric Dentistry** reserves the right to add such fees as may be required to affect collection of a default account and is entitled to fully recover such collection and reasonable attorney's fee, in addition to the account balance and interest owed, as may be occurred in any collection or litigation action. **If there is an outstanding balance not paid within 60 days of the date of service, the practice reserves the right to automatically charge the account of the party responsible.**
- D) Missed Appointments:** Appointments are reserved in advance for your child. **We require that you give us a 24-hour advance notification for any scheduling change, because your child's individual appointment time with the Doctor impacts the medical and dental health of our other patients.** Missed appointments will be charged at the rate of (\$25.00).
- E) Returned Checks** will be subject to a \$28.00 processing fee. Please be advised that if your check is returned to us for non-sufficient funds we will only accept Cash and or Credit thereafter.
- F) Divorce:** In case of divorce or separation, **the parent requesting treatment for the child will be held accountable for any charges for services rendered.** If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the **requesting parent's** responsibility to collect from the other parent after settling their account with Frederick Pediatric Dentistry LLC.

I have read and fully understand the financial policy of the practice, and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

Signature of Responsible Party

Date

Please Print the Name of the Patient