

## INSURANCE POLICIES

- **Please understand that we do not have a contract with your insurance company, only you do.**  
We are not responsible for how your insurance company handles its claims or what benefits they pay on a claim. We urge you to understand your policy and to provide us with accurate information so that we can submit claims in a timely fashion and minimize your possible expenses.
- **We are out-of-network with all insurance companies.** We ask that prospective patients call their insurance company to verify that you have out-of-network coverage.
- We require that you either upload a picture of your insurance card or bring it to your child's dental appointment. If your insurance does not send you a card, please go to that insurance company's website and print out a card with the policy details that include: subscriber name, subscriber ID, group name, group number/policy number, mailing address, phone number, and payer ID number.
- Many medical insurance plans now carry a pediatric dental rider. This insurance must be billed first, prior to the dental insurance. Please check with your medical insurance to see if it carries this pediatric dental rider. If so, we will need your child's medical insurance information too in order to file claims.
- The parent or guardian accompanying the child to the appointment is considered the financially responsible party.
- Some insurance companies pay the member/patients directly. If this is the case, the responsible party will be required to pay all costs at the time of treatment.
- As a courtesy, we will submit proposed treatment plans to your insurance company so that you may receive a predetermination of benefits. You will be responsible for any co-payments and estimated patient portions on the day of treatment. If for any reason your insurance company denies any charges or does not cover the amount estimated, the responsibility of payment returns to you.
- We are not required to file insurance claims, however, we are happy to do so as long as we have all of the current information needed in order to submit the claims. If insurance coverage cannot be verified, you will be responsible for payment of all fees.
- We file all insurance claims electronically, so your insurance carrier will receive each claim within days of treatment.
- Claims older than 45 days will be closed and you will be responsible for the full amount.
- Any balance owed after your insurance has paid is due immediately upon receipt of a statement from us. Any questions regarding the balance should first be addressed by reviewing the Explanation of Benefits (EOB) you receive from your insurance company. If it is unclear, please call your insurance company for clarification. If you find there is an error on your statement after checking the EOB and consulting your insurance company, please call our office.

## PAYMENT POLICIES

- Full payment is due at the time of service. If insurance benefits apply, estimated patient co-payments and deductibles are due at the time of service, unless other arrangements have been made.
- We accept payments of cash, personal check, debit card, or credit card (Visa, Mastercard, Discover, and American Express).
- Accounts that are 60 days past due may be referred to an outside collection agency.
- In the event that the account is turned over to a collection agency, a fee to cover their services ranging from 33.3-50% will be added to the total balance due. All expenses incurred in the collection process will be the responsibility of the responsible party on the account.
- For all returned checks, there will be a \$35.00 service charge.

## FINANCING SOLUTIONS

- We work with CareCredit, which is a 6-month, interest-free credit card that allows for monthly payments.

## APPOINTMENT SHORT-NOTICE CANCELLATION/NO-SHOW POLICY

Thank you for trusting your child's dental care to CU Pediatric Dentists. When you schedule an appointment with us, we reserve time and staff to ensure the highest quality of care. Should you need to cancel or reschedule an appointment, please contact our office as soon as possible and no later than 24 hours prior to your scheduled appointment. Timely communication allows us to modify our schedule and to offer those available times to other patients.

- Any established patient who fails to show or cancels/reschedules an appointment without at least 24 hours of notice will be charged a \$50 fee. This fee will be applied for each individual patient.
- If you are a new patient who fails to show for their initial visit, you will be required to pay a \$100 non-refundable deposit in order to reschedule. If a second no-show occurs, your child will not be rescheduled.
- Fees are charged to the patient – not the insurance company – and will need to be paid before the next office visit can be scheduled.
- If you are more than 10 minutes late, we reserve the right to reschedule your appointment.
- Repeated no-shows and short-notice cancellations will result in dismissal from our practice.

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions that you have. We understand that family emergencies or sickness can occasionally arise. These situations will be considered on a case-by-case basis.