PAYMENT/INSURANCE POLICY

As a courtesy to our patients, Brick Pediatric Dentistry & Orthodontics (BPDO) will be happy to submit claims to dental insurance carriers for services rendered. While we do our best to estimate what your insurance will pay, **YOU** are the owner of your insurance policy and BPDO **CANNOT** guarantee a specific level of reimbursement for your treatment with us. If you have any questions regarding details and/or restrictions of your plan, it is ultimately **YOUR** responsibility to follow up with your insurance carrier.

TO ALL PATIENTS: We appreciate your coming on time to your appointment. The doctors and hygienists allot a specific time to see you and do their best to keep your wait to a minimum. In fairness to them and to the other patients, IF YOU ARE MORE THAN 10 MINUTES LATE FOR YOUR APPOINTMENT, THE OFFICE RESERVES THE RIGHT TO RESCHEDULE YOUR APPOINTMENT THAT DAY.

- Payment is due at the time that services are rendered. We accept **cash, check, money order, Visa, MasterCard, American Express, and Discover.**
- New patients are required to make payment in full for treatment on the first appointment regardless of insurance coverage and will be reimbursed when payment is received from insurance.
- All insurance percentages are due at the time of service. Otherwise a **$5.00** surcharge will be billed to you.
- If your insurance carrier is one that submits reimbursement directly to you, payment in full is expected at the time of service.
- When a claim is submitted to your insurance company on your behalf, you will be balance billed for all non-covered services, co-insurance and deductibles.
- We will wait up to 60 days for insurance to make payment. After that, the balance is your responsibility and due in full.
- All balances greater than 60 days overdue will automatically incur a 1.5% monthly late fee.
- All legal costs related to the collection of an outstanding balance will be the responsibility of the patient and billed as such.
- A **$50** service charge will be assessed for all returned checks.
- A **$25** fee may be assessed for not showing up to a scheduled appointment.
- Patients who have accumulated 3 NO SHOW/SAME DAY cancellations may be immediately TERMINATED as a patient from this practice.
- A fee will be assessed for copies of dental records.

APPOINTMENTS WILL NOT BE SCHEDULED UNTIL PAST DUE BALANCES ARE PAID IN FULL.

I hereby authorize my insurance carrier to release payment directly to BPDO for dental services provided to me or my child. I also authorize release of any dental records or information required to determine benefits for payment of dental services.
I acknowledge and agree to abide to the above terms.

______________________________	____________________
Signature of Patient or Parent/Guardian	**Today's Date**
______________________________	____________________
Child's Name	**Account # (Office Use Only)**