

THOUSAND OAKS CHILDREN'S DENTISTRY, P.A.

FINANCIAL POLICY

Thank you for choosing Thousand Oaks Children's Dentistry, P.A. (Dr. James M. Doose, D.D.S.) as your child's dental care provider. We are committed to your child's treatment being successful. Please understand that payment of your bill is considered a part of your child's treatment. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment. All patients must complete our information and insurance forms before seeing the doctor.

We accept Cash, Checks, Visa, Mastercard, Discover and American Express.

A \$25.00 charge will be assessed for returned checks.

Regarding your Insurance

Your insurance is a contract between you, your employer and your insurance company. We are not party to that contract. We cannot bill your insurance company unless you give us your insurance information and an original claim form. At the time of service, you will be expected to pay the estimated difference between what your insurance covers and the actual charges incurred. Keep in mind that this is only an estimate. If your insurance company decides to cover less than the estimated portion, you will be responsible for the remaining balance. If your insurance company decides not to cover a service rendered, you will be responsible, in full, for the total amount incurred. If your insurance company has not paid your account in full within 90 days, the balance will be automatically your responsibility. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary by your insurance.

Regarding insurance plans where we are a participating provider. All co-pays and deductibles are due prior to treatment. In the event that your insurance coverage changes our office must be notified at least 2 days prior to the appointment to ensure proper verification. If for some reason we are not notified and coverage cannot be verified you will be responsible for 100% of the charges accrued.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Authorization and Release

I authorize Thousand Oaks Children's Dentistry, P.A. (Dr. James M. Doose, D.D.S.) to release any information including the diagnosis and the records of any treatment or examination rendered to my child during the period of such dental care to third party payors.

I authorize and request my insurance company to pay directly to Thousand Oaks Children's Dentistry, P.A. (Dr. James M. Doose, D.D.S.) insurance benefits otherwise payable to me.

We emphasize that as health care providers our relationship is with you, not with your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered.

I have read the Financial Policy. I understand and agree to this Financial Policy.

Signature of Responsible Party

Date