

PEDIATRIC DENTISTRY OF PLEASANT HILL

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CREDIT POLICY

Welcome to our dental office for children! It is our primary goal and responsibility to help our patients obtain good dental health and we wish to direct our time and energy toward obtaining that goal. We have prepared this letter so you may be aware of our credit policy.

Payment in full is expected at the time of treatment. When this is not possible, financial arrangements must be made prior to treatment. We accept all major credit cards for your convenience.

A late charge of 1 ½% per month, or a minimum late charge of \$10.00 will be added to unpaid balances over 30 days past due.

DENTAL INSURANCE

Patients with dental insurance must provide accurate and complete insurance information so we may assist you in filing your dental claims promptly. You will be required to pay your portion the day of treatment. **Remember that professional services are rendered and charged to the patient and not to the insurance company.**

Even though you may have insurance claims pending, you will receive a statement each month for the outstanding balance on your account. We cannot accept responsibility for collecting insurance claims or for negotiating a disputed claim. Insurance reimbursement is a contract between you and your carrier. You are responsible for payment of your account within the usual limits of our credit policy. If your insurance does not pay within 60 days we shall expect payment in full from you.

If you have any questions we will, of course, assist you. Your eventual reimbursement will be determined by your insurance carrier.