

Financial Agreement

Pearland Pediatric Dentistry

We appreciate you choosing our office for your dental care. Because we value our relationship with you and believe the best relationships are based on understanding, we offer these clarifications of our methods of payment for services.

- We ask that you pay the estimated difference between what your insurance company pays and the fees of our dental office at the time of service. Because most insurance policies have an annual deductible amount, it is likely that the fee for the examination and or procedure will not be covered in full. We will promptly refund your payment if your insurance carrier pays 100% of our fee.
- Payment is due in full on the date services are rendered. We accept cash, check, and all major credit cards: American Express, Discover, Master Card, Visa, and Care Credit.
- We ask that you pay the estimated difference between what your insurance covers and the actual charges incurred. After the insurance pays, you are responsible for any balance in full upon receipt. However, if we do not receive payment from your insurance company within 5 weeks after the submission of the claim, you will be expected to pay for all dental services in full. In the event of a duplicate payment, you will be reimbursed by Pamela Clark, DDS, PA.
 - Regardless of the reason, if the insurance company fails to pay their portion within 60 days of the date the treatment was performed, the balance must be paid in full at that time.
- Even if you have insurance coverage, please realize that you are responsible for payment of your account. We will be happy to help you receive the maximum benefits available under your policy. However, please realize the relationship is between you the insured, and your insurance carrier. We are not a party to that contract.
- We attempt to provide the most accurate information available; however, insurance carriers will not guarantee their information. Therefore, we regret that we can not be responsible for any discrepancies in estimated benefits. If insurance payment is pending, you will receive a statement from our office letting you know that the account has not been paid. Information given to you by our office regarding your benefits is a courtesy. You should verify your insurance benefits with your insurance carrier.
- If someone other than the parent brings the patient to our office, arrangements for payment should be planned accordingly.
- We appreciate our patients who honor their scheduled appointments. **We do assess a \$35.00 fee to those parents that cancel without 24 hours of notice, as this time has been reserved with the doctor.**
- I UNDERSTAND AND ACCEPT THE FINANCIAL AGREEMENT OF PEARLAND PEDIATRIC DENTISTRY AND WILL ABIDE BY IT. ALL MY QUESTIONS REGARDING THIS AGREEMENT HAVE BEEN ANSWERED. THIS AGREEMENT CAN NOT BE AMENDED, ALTERED, OR SUPERCEDED WITHOUT DIRECT WRITTEN APPROVAL BY DR. PAMELA CLARK.

Signature: _____ Print name: _____
Patient: _____ Relationship to Patient: _____
Date: _____