HIGH HOUSE PEDIATRIC DENTISTRY **RAYMOND J TSENG, DDS, PhD**
351 Wellesley Trade Lane, Suite 212, Cary, NC 27519: 919-267-4211: smiles@highhousepedo.com

FINANCIAL POLICY

Patient Name: _____ Date: _____

Please read and familiarize yourself with our office's financial policy. If you have any questions, please ask for assistance from our business office staff.

1. Parent bringing the child to our office is and will be legally responsible for payment of all charges including copays and any cost(s) not covered by the insurance company. **We will not send statements to another person(s).**
2. Accepted Payments: **Cash, Personal checks, Care Credit, Mastercard, and/or Visa.**
3. **Dental Insurance:** Please know that there is no direct relationship between our office and your insurance company. Your insurance benefits are determined by the type of plan chosen by you and/or your employer. We have no control over the terms of your contract, the method of reimbursement, or the determination of your insurance benefits. **Nothing is final until insurance company receives the claim and it has been processed.**
4. **We are in-network with following insurance companies:** Aetna, Ameritas, Assurant, Bcbs of NC, Careington, Cigna, Delta, Dentemax, Guardian, Metlife, Principal, United Concordia, United Healthcare, and any other insurances that are subcontracted under these in-network insurance companies.
5. **Using an out-of-network insurance company**: You will be responsible for additional charges that the insurance does not cover.
6. **Pre-Treatment Authorization/Estimate:** Some insurance companies recommend/require a pre-authorization prior to start of treatment. If so then our office will file for a pre-authorization before starting treatment. Please note that **our office does not file pre-authorization** on all treatment unless it is required on a specific treatment; however**,** pre-authorization can be filed on any/all recommended treatment **ONLY** upon your request. Please understand that the time to process a pre-treatment authorization can vary depending on each insurance company and that we do not have any control over that approval process. In this case, it will be up to you to determine if you wish to proceed with treatment before the pre-authorization is received.
7. **Payment in Full:** All copays and charges are due at the time treatment is rendered.
8. **Appliances:** The cost of the appliance(s) must be paid on the day your child's impressions are taken. This is necessary because the lab will charge the cost as soon as the case is ordered, not when the case is completed.
9. **Emergency Treatment:** All emergency treatment costs **must be paid in full** at the time the service is rendered.

COLLECTION AGENCY/SMALL CLAIMS COURT COST: We don't ever expect to have our patient's accounts at this status because we pride ourselves in providing exceptional dental care for your precious children. Our relationship should be based on mutual respect. We do our best to thoroughly review all financial information with our parents/guardians but it is ultimately your responsibility to know your insurance plan and ask us questions if there is uncertainty in understanding treatment, procedures, and/or costs. And with insurance companies involved it is difficult task for us to provide you with a concrete copay amounts.

1. Statement will be send out for any balance as soon as we receive a payment from your insurance company.
2. If the balance has not been settled within 60days of the date printed on the statement then your account will be subject to collection agency action. **At this point, legal parent/guardian will be responsible for not only the balance, finance charge of 18%, and also any additional cost incurred by the collection agency.**
3. If the balance has not been settled within 120days of the date printed on the statement then your account will be subject to small claims court case. **At this point, legal parent/guardian will responsible for the balance, a set fee of $600.00, and any cost incurred by the court system for this account to be heard/settled by the court.**

Your understanding and cooperation with this matter is greatly appreciated. Thank you and we look forward to providing an exceptional care for your children.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____