

DOUGLAS S FRY, DDS PEDIATRIC DENTISTRY

Financial Guidelines

Thank you for choosing us as your child's dental health care provider. We are committed to the successful treatment of your child. Please understand payment of your bill is considered part of your child's treatment. The following is a statement of our Financial Guideline that we require you read, agree to, and sign prior to beginning treatment.

Payment is due at the time services are rendered. As a courtesy to you we will gladly assist in the filing of your primary dental insurance. Please note, **WE DO NOT FILE SECONDARY INSURANCE.** If we are unable to verify insurance coverage, you will be expected to pay in full for your child's visit on the day of service. If your insurance has not paid within 30 days of your child's visit, you are responsible for the balance. If your child's insurance pays more than expected, a refund will be issued to you. It is also your responsibility to inform us of any changes in your child's insurance coverage.

For private pay patients (those not filing insurance) – we offer a 10% discount for visits over \$300.00 when paid in full on the day of treatment or a 7% discount for treatment over \$300.00 when paying with a debit or credit card.

We accept cash, personal checks, and money orders, Visa, Mastercard, Care Credit, and Discover as forms of payment. Thank you for understanding.

Any account with balance due after 90 days is subject to be sent to Financial Data Systems.

If your child is covered by Medicaid or Health Choice, you must be able to provide your child's subscriber ID and be active in the NC Tracks system.

Any account with a balance due after 90 days is subject to be sent to Financial Data Systems.

I have read, understand, and agree to the provisions of this Financial Guideline

SIGNATURE: _____ (signature of person financially responsible for account)

DATE: _____