

Pediatric Dentistry of Round Rock
Kelsey L. Bookmyer DDS, Bookmyer & Bookmyer PA

We are delighted to have your child as a patient. We look forward to keeping your child in tip top dental health and watching them grow over the years. Our office policies and financial agreement is listed below. If you have any questions we would be happy to answer them.

It is very important that we receive 24 hours' notice in the event that you need to cancel an appointment. We reserve time especially for your child, and have prepared in advance for your dental appointment. This helps our office run more smoothly, and it allows time for your child or another child an appointment if they need emergency treatment. If you cancel with less than 24 hours' notice, you will be charged a **\$25.00 fee**.

Billing you insurance carrier

As a courtesy to you, we will be happy to file your primary dental insurance. We are not a preferred provider and we are considered "out of network". This means that your insurance company will pay the usual and customary fee for this area. **All copays, deductibles, and co-insurance amounts are due and payable at the time of service.**

Office Policy and Payment Responsibility

I am aware that insurance policies are a contractual agreement between an insurance carrier and the insured. Our office does its very best to verify your benefits before treatment. We will contact your insurance carrier so as to provide you with the most accurate **estimate** of your child's treatment costs.

In the event your insurance company does not compensate us within 90 days after billing, we will require you to pay us directly, and you will personally need to work out your benefits with your insurance carrier.

If you terminate your insurance before treatment is rendered, you will be charged our full fees directly and payment is due immediately.

Methods of payment

We accept Visa, MasterCard, Discover, cash and personal checks with proper identification. If financing is needed we offer that through an outside company, and would be happy to explain how that works, just ask anyone at the front desk.

Self-Pay

Payment is due at the time of service.

Financial responsibility

- I authorize my insurance benefits to be paid directly to Kelsey L Bookmyer, DDS. I authorize the release of any personal or medical information necessary to process the claim
- I have read and understand the above statements. I accept full financial responsibility for the treatment of my child/children.
- I understand that I will be responsible for all collection costs if I default on this agreement.

Parent or Responsible Party's Signature _____

Date _____