



Grins
PEDIATRIC DENTISTRY
Financial Agreement

Thank you for choosing Grins Pediatric Dentistry as your child's dental care provider! We are committed to providing your child with the best possible dental care and treatment experiences! The following statements detail our office policies in an effort to eliminate any misunderstanding. Please let us know if you have any questions.

Grins Pediatric Dentistry is a fee-for-service office. Payment for services is due in full at the time services are provided. The parent/guardian that accompanies the child to the appointment is responsible for payment unless payment is made prior to the appointment or there is a credit card on file. Cases of divorce or other custody disputes, regardless of divorce decree, are no exception.

Patients with Dental Insurance: As a courtesy, we will gladly file any PPO dental insurance claim on your behalf for reimbursement. With that said, most insurance companies do not alert us to the fact that they have issued you a check — please monitor this carefully! If you have not received a check of reimbursement within four weeks, we recommend you call your insurance company and inquire the status of your claim. Reimbursement checks are mailed to the patient's home address registered with the insurance company. **We cannot guarantee your coverage or payments nor are we responsible for misplaced/lost reimbursement checks.** Ultimately, our relationship is with you and your child, and not your dental insurance company. Your dental insurance is a contract between your employer and the insurance company. We aim to provide the most comprehensive treatment available. We base our treatment recommendations on the best interests of your child rather than what your insurance company will/will not pay for. Every effort will be made to provide a treatment plan that suits your schedule and budget. Our primary goal is to provide your child with the best possible treatment in a safe environment, using the highest quality supplies and medications. We will gladly discuss and answer any questions regarding the financial aspects of dental treatment to the best of our ability. Please let us know if we can be of further assistance.

Payment Options: We require that all patients provide a payment card upon checking out from their first appointment. The parent/legal guardian accompanying a minor (patient under 18 years old) is responsible for the full payment of services. For your convenience, we accept Visa, MasterCard, American Express, Discover, Care Credit, Zelle, Apple Pay, and personal checks. Any returned checks will incur a \$50 processing fee.

Appointments: In the event that an appointment must be cancelled, please let us know two business days in advance. Patients who do not provide notice within 2 business days of the appointment date will incur a \$50 cancellation fee. If you are late, our ability to provide attentive and thorough pediatric dental care may be compromised. If you arrive 10-15 minutes late for your child's appointment, you may be asked to reschedule. Grins Pediatric Dentistry makes every effort to accommodate you/r schedule. As Grins Pediatric Dentistry respects and values your time, we appreciate the same respect from our patients.

I grant permission to Grins Pediatric Dentistry to contact me (at any phone numbers or emails provided) to discuss matters related to my child's oral health and/or billing matters. I accept financial responsibility for my child/children.

I authorize the release of any dental information necessary to process this claim and all future claims. I will be responsible for reporting any changes in my child's dental insurance coverage. I have read the above polices and agree to their content.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____