



Glen Ellyn Pediatric Dentistry, P.C.
Practice Limited to Pediatric Dentistry

FINANCIAL POLICY

Effective March 1, 2008

Our Financial Philosophy

We at Glen Ellyn Pediatric Dentistry anticipate a long-term relationship with our patients and their families. It is our goal to offer high quality and affordable dental care to children of all ages and abilities.

Payment Methods

When your child has been examined, and the pediatric dentist has determined his/her treatment needs, we will provide you with a copy of the treatment plan and the estimated costs. The parent who authorizes dental care is responsible for payment on the account. Payment at the time of service is expected. We take payment in the form of cash, money order, personal check, insurance company check, and credit card (Discover, Visa, MasterCard, and American Express). We accept credit card payments over the phone.

Dental Insurance Billing

With accurate insurance information, we can obtain a pre-estimate from your insurance company and submit the bill to them, on your behalf. We take estimated co-payments at the time of service and we will bill you for the balance due after insurance has paid. We are “out-of-network” for many of the contracted programs. Please review your dental insurance contract details and be familiar with their policies. For many of the companies, the “out-of-network” payments depend on how they accept our fees. We can provide our fees for service and you can see how your policy will handle them. The only dental insurance program for which we are “in-network” is the **Delta Dental Premier PPO Plan**.

Payment Plans

Sometimes, it is in the best interest of the child to provide dental treatment before the parents are prepared to pay the full fee at the time of service. We participate in a **no interest** payment plan program with **CareCredit**. You can register online at www.CareCredit.com. They will provide you with a credit card to be used on the day of treatment.

Other Details of our Financial Policy

A fee of \$25.00 per child is applied to your account for each broken appointment. If you present a personal check that bounces, you will be asked to make payment in full at time of service by cash or money order only. You will not be eligible to have assignment of insurance benefits. A \$25.00 charge will be made for any bounced checks. You will be responsible for the cost of collection (33%) and attorney’s fees on any past-due balance that is directed to our collection agency.

I have read the above Financial Policy and agree to the terms and conditions.

Patient’s Name

Responsible Parent or Guardian Signature

Date

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