

**Melissa V. Rozas, D.D.S.**  
Dentistry for Infants, Children and Teens, P.A.

### **Financial Policy / Insurance Policy**

We welcome your child and family into our dental practice and we will strive to make your child's dental experience positive and pleasant. In order to provide your child with the highest standards of dental care we need your assistance and understanding of our financial and insurance policy.

**Payment:** We accept cash, personal check, Visa, MasterCard, Discover, American Express and Care Credit. Payment of services is due in full at the time services are rendered for all new patient evaluation appointments, prophylaxis (professional cleanings), emergency evaluations, and recare appointments.

**Dental Insurance:** We are not contracted with any dental insurance companies. Patients who carry dental insurance understand that all dental service fees are charged directly to the patient and that he or she is personally responsible for payment regardless of dental insurance. As a courtesy, if you have dental insurance with out-of-network benefits and paid in full, we will be happy to file your insurance claims and have the reimbursement sent to you directly. This is only if you have provided us with the accurate and complete information to verify your insurance at least 2 business days prior to your child's appointment and that your insurance company has given us all the correct information. Insurance companies have a wide variety of rules, plan limitations and exclusions that our office may not be aware of. Please understand that all insurance policies are different and contain various provisions and limitations and we have absolutely no control over the reimbursement process or determination of your eligibility. Dental insurance is a benefit for the patient provided by their employer and the contract lies between the patient, employer and the insurance company, not the dentist.

**Treatment:** If you have dental insurance with out-of-network benefits, we will verify your policy; however, insurance companies do not always release specific information regarding coverage. At your child's evaluation appointment, we will attempt to estimate your dental benefits to the best of our ability; this is an **ESTIMATE ONLY**, not a guarantee of coverage and should not be depended on as the final decision. Your estimated portion for dental treatment can only be extended for a period of **90 days** from the date of the patient's last examination. At the treatment appointment we will collect your estimated portion and send a claim for the remaining balance to your insurance to be sent to our office. **For some patients with Blue Cross Blue Shield and Delta Dental our office will NOT be able to collect an estimated portion for dental treatment due to their plan limitations. Therefore, payment with these insurance plans will be due in full on the day of treatment.**

**Deposit for Treatment:** For all treatment with or without insurance, we require a \$50.00 deposit fee to reserve a restorative appointment with our dentist. This \$50.00 deposit will be applied to your estimated out-of-pocket portion or remaining balance if you have no insurance. If the appointment is cancelled due to tardiness or you miss your appointment without giving us 24 hours' notice, you will lose your deposit.

**Balances:** If there is a balance on your account once insurance has paid their share, a statement will be sent to for the remaining balance and will be due to our office **upon receipt**. Any under payment made by your insurance company is your responsibility. You will receive a statement reflecting the balance, and we ask that you pay your remaining portion upon receipt of the statement. **If we have not received payment from your insurance company within 45 days of the service being rendered, you will be responsible for the balance.** Any account that is overpaid by your insurance will receive a prompt refund. **Our office reserves the right to stop filing your insurance if at any time there is a problem with your account because of your insurance carrier, or your unwillingness to cooperate with our office policies.** As a courtesy to you, our staff will assist you with any conflicts you may have regarding your insurance but please understand we cannot guarantee the outcome. **Any account balance over 90 days will be turned over to our attorney for legal action.**  
**Returned personal checks are subject to a transaction fee by our office.**

**Cancelled Appointments:** We reserve the right to charge \$50.00 for appointments cancelled or broken without 48 hours advance notice.

**Divorce:** In matters of separation or divorce, the parent or guardian accompanying the patient on the day of service is responsible for payment on that day. We cannot intervene in matters of divorce, nor can we contact a parent/guardian not present in our office for payment.

We must emphasize that as a dental care provider, our relationship is with you and your child. If you should have any questions regarding the above information, please don't hesitate to ask. We will be happy to help you in any way possible.

**PLEASE RETAIN THIS COPY FOR YOUR RECORDS.**