

Financial Policy

Thank you for letting us help you and your child with their dental care needs. At your child's examination appointment, and prior to beginning any treatment, we will work with you to develop a plan that provides your child with the best possible care. If your child is covered by dental insurance or a dental benefit plan ("insurance", we ask that you be familiar with your benefits, as your insurance is a contract by and between you and either your employer or your insurance company. We do not have your individual plan's benefit information, and every individual's plan is different. If you have any questions regarding your insurance coverage, please contact your insurance company.

For preventive care appointments (exams, prophylaxis (cleanings), x-rays and fluoride) **we do not send a pre-estimate to your insurance company and it is your responsibility to understand your coverage (example: how often fluoride is covered etc.)**. We will bill your insurance and any portion your insurance that does not cover the preventive care appointment will be your responsibility. We try to avoid these types of unwelcome surprises, so again, we ask that you determine your allowable coverage before scheduling an appointment with us.

For other treatment needs, we can submit your child's treatment plan to your insurance company which should provide you with a "pre-estimate." The pre-estimate details what your insurance company will likely cover and what your out-of-pocket responsibility is estimated to be prior to making the final determination of your coverage. (If you do not receive a pre-estimate from your insurance company within a few weeks, we recommend you contact your insurance company). On the day of service, we will collect your estimated out-of-pocket portion, or if we have not received the pre-estimate from your insurance company, we collect 20% of the estimated costs and then submit the claim to your insurance company. **If you do not have dental insurance, we require payment in full on the day of service.**

You are responsible for any balance remaining on your account after insurance pays its portion. If insurance pays more than the estimated amount, we will issue you a refund or provide you a credit on your account. Any outstanding balance due after 60 days may be assessed a late fee for each month that your balance is overdue. In the event that Sprouts Pediatric Dentistry needs to submit your account to a collection agency or law firm for recovery, you will be responsible for all costs and legal fees necessary to collect any amount due under this. Our practice accepts cash, personal checks, debit cards and most major credit cards.

Appointment Policy

In order to provide the best possible care for our patients, we reserve a specific block of time, room and dental team members just for your child. Should you need to cancel your appointment for any reason we will require a cancellation notice as soon as possible and at least 24 hours prior. This can be done by calling our office at 651-429-1205. We respect and value your time and we ask that you do the same for ours. **If our clinic does not receive notification to cancel an appointment (considered a 'failed' appointment) we may not be able to offer you future appointments.** If you arrive late for your appointment and there is insufficient time remaining in your reserved appointment to provide proper care, you may be asked to reschedule.

General Consent

By signing this form, you are authorizing the staff at Sprouts Pediatric Dentistry to perform standard diagnostic and preventative procedures on your child including; exams, x-rays, photographs, fluoride treatments and dental cleanings to determine your child's dental health. Should your child require any additional dental treatment beyond

what is listed here, we will work with you to develop a specific treatment plan, which will also require your specific written consent before we begin such treatment.

Parent/Guardian Signature

Date