

Children's Dentistry of Pocatello, P.C.
Ross N. Hugues, D.D.S.
1246 Yellowstone Ave., Ste. B3 ~ Pocatello, ID 83201
Telephone: (208) 238-1165 ~ Fax: (208) 238-1241



FINANCIAL POLICY

Thank you for choosing our office for your child's dental treatment. We are committed to their successful treatment! Please understand that *payment of your bill is considered a part of your child's treatment.*

- Please be aware that the parent bringing the child to Children's Dentistry of Pocatello is **legally responsible for payment of all charges.** We cannot send statements to other persons.
- Most insurance companies **ONLY PAY A PORTION** of the fees incurred. **We require that your share for each procedure be paid at the time of treatment.**
- As a courtesy, we will bill your insurance carrier for you. If your insurance carrier does not send payment within 30 days, the balance is then due and payable by you, unless other payment arrangements have been made.
- We remind you that insurance coverage is an agreement between you and the insurance carrier; therefore, the account is in your name and final responsibility for any unpaid balance will be yours. When insurance payments are delayed, or less than anticipated, we will assist you with inquiries to your carrier. However, it is our experience that insurance carriers respond best when the inquiry comes from you, the patient.
- For our patients without insurance coverage: Payment is required at the time of treatment. Payment arrangements can be made.
- We recognize that under unusual circumstances, an account balance may be incurred. Children's Dentistry of Pocatello requires that all outstanding balances be *paid in full within 30 days* after the receipt of statement. If not paid in full, an interest rate of 2.08% monthly (25% annually) will accrue.
- Payment options: Payment may be made by cash, personal check, money order, or credit card (Visa, Master Card). We also offer **Care Credit** and **Capitol One Healthcare Finance**. We can help you with the application process, and receive an answer the same day.
- All patients:** If we have not received payment or you have not contacted us within 90 days, further action may be taken with American Credit Bureau. Thank you in advance for your understanding of our financial policy!

Parent/Legal Guardian

Date

Witness

Date