Westfield Pediatric Dental Group

Timothy P. McCabe, D.M.D.
Board Certified in Pediatric Dentistry

Julie Jong, D.M.D.
Board Certified in Pediatric Dentistry

John Chang, D.D.S.
Board Certified in Pediatric Dentistry

Kelly Walk, D.D.S.
Board Certified in Pediatric Dentistry

Westfield Pediatric Dental Group

FINANCIAL POLICY

We are committed to providing your child with the best possible dental care. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services. We will file all insurance claims for you. Out of pocket expenses are due at the time of visit.

Insurance:

A) Our office participates with the following dental insurance companies: United Concordia Advantage Plus and National Fee for Service, Cigna DPPO and Delta Dental Premier.

B) As a courtesy we will submit to most major insurance companies but you may be using your OUT OF NETWORK benefits. Your estimated portion will be expected at the time of service. Any fees not covered after insurance payment has been received will be billed.

C) Many OUT OF NETWORK benefits cover preventative services such as **cleanings, fluoride treatments and sealants** at 80% to 100% (age or frequency limitations may apply). I will assume full financial responsibility for anything not paid by my insurance.

D) If you have Horizon Blue Cross Blue Shield you will be using OUT OF NETWORK benefits. Some of these plans pay patients directly instead of paying the doctor's office. We will submit these claims as courtesy but will collect full payment on date of service.

E) I understand that if x-rays are taken and insurance does not cover them for any reason I will assume full financial responsibility for payment of these x-rays.

F) Westfield Pediatric Dental Group cannot be aware of all the individual requirements and limitations of covered services for each insurance plan. Please contact your plan regarding the details of your coverage.

G) I will assume full responsibility of payment for each office visit. I understand that insurance may or may not help cover the cost of each visit. Payments must be paid at the time of service.

H) We accept all major credit cards, personal checks, cash and Care Credit (ask us about this option)

- **In cases of divorce or separation:** It is the policy of Westfield Pediatric Dental Group that the parent accompanying the child for treatment is held responsible for all charges.
- **Missed appointments/cancellation policy:** After a patient's third missed appointment I agree to pay a $50.00 deposit toward the following appointment.
- **Returned checks:** I acknowledge a fee of $25.00 will be charged for any returned check and all future payments will be made by credit card or cash only.
- **Cost of collections:** If this account becomes delinquent and assigned to a collection agency or attorney for collection, an additional fee of $25.00 will be incurred. Further appointments will not be granted to patients who have accounts in arrears.

Westfield Pediatric Dental Group

Timothy P. McCabe, D.M.D.
Board Certified in Pediatric Dentistry

Julie Jong, D.M.D.
Board Certified in Pediatric Dentistry

John Chang, D.D.S.
Board Certified in Pediatric Dentistry

Kelly Walk, D.D.S.
Board Certified in Pediatric Dentistry

SIGNATURE OF UNDERSTANDING

I have received the Westfield Pediatric Dental Group Financial Policy

Patient Name(s):_____ D.O.B:_____

_____ D.O.B:_____

_____ D.O.B:_____

_____
Parent/Guardian (Print Name)

_____ _____
Parent/Guardian Signature Date

Signature financial policy
FD3/update2020/JM