Pediatric DENTISTRY
MICHAEL J. VON GRUBEN, DDS

Financial Agreement

It is our goal for our patients to understand their treatment needs, as well as, their financial responsibility before treatment begins. It is our desire to make dental treatment affordable to all of our patients. Please review the following policies and procedures:

PAYMENT POLICY: Payment is due at the time services are rendered. If you have dental insurance, your estimated co-pay plus deductible is due at the time of service. If no insurance is involved, payment is expected at each visit.

1) We accept cash, personal checks, money orders, Visa, MasterCard, AMEX, and Discover.
2) You will be responsible for any and all costs incurred in the collection of your debt (collection agency fees, court fees, and/or attorney fees)
3) Fees will apply for any check returned by the bank
4) In the case of DIVORCED/SEPERATED parents, it is **YOUR** responsibility to have financial arrangements made according to the divorce decree before treatment begins.

DENTAL INSURANCE: As a courtesy, we will gladly file your claim and accept assignment of dental insurance benefits provided you agree to the following:

1) It is your responsibility to provide us with a current insurance card and all information necessary to verify coverage.
2) Your insurance contract is between you, your employer, and insurance company. We are NOT a party to that contract. Our relationship is with you, not the insurance company.
3) Although we may ESTIMATE your insurance benefits we are not responsible for their accuracy. Knowledge of your benefit amounts, limitations, exclusions, waiting periods, etc. is your responsibility as the policyholder.
4) All charges not paid by insurance are your responsibility regardless of their reason for nonpayment.
5) There are many factors in determining patient responsibility when coordination of benefits, between two insurance companies, is involved. We will provide you with the most accurate information available to us but we CANNOT guarantee what your out of pocket expense will be.
6) Please understand that our responsibility is to provide you with treatment that best meets the need of your child/children, not to try to match their care to insurance plan limitations.

BROKEN OR MISSED APPOINTMENTS: To reschedule or cancel an appointment, you must notify us as least 24 hours in advance to avoid a missed appointment fee of up to $50 depending on appointment length and/or number of appointments missed. Missed or broken appointments prevent others from receiving the dental care they deserve.
1) We reserve the right to terminate professional treatment of any patient when scheduled appointments are not kept.

I have read and understand this document in its entirety; outlining the office and financial policies of Dr. Michael Von Gruben's Office of Pediatric Dentistry and agree to these terms.

Signature of Parent/Guardian: _____Date:_____