## Office Financial Policy

We find that communication with our patients regarding our payment policy assists us in providing the best services to you.

The doctor's services are provided to you/ your child, therefore you are responsible for your bill. As a courtesy to our patients, we will bill your insurance company for services rendered to you/ your child. It is your responsibility to provide us with up to date insurance information. Our billing department will calculate an estimated amount for your co-payment and deductible that will be due from you prior to any treatment. After your insurance company has been billed and their final determination is made, your estimated amount given to you prior to treatment could change. We will gladly refund you any over-calculated amount that is owed from us to you or we will bill you for the under-calculated balance due (the difference). The policy is not optional. We are required by your health plan to collect any balances due from you.

If your insurance doesn't pay for any reason, we will turn to you for immediate payment. You can seek reimbursement from your insurance company. Unpaid balance is subject to finance charge every 30 days & late payment fee. Thank you for your co-operation.

I understand if I have an unpaid balance to Happy Teeth Children's Dentistry and do not
take satisfactory payment arrangements, my account may be placed with an outcome!
pliection agency. I will be responsible for reimbursement of any fees from the collection assessed
ecluding all costs and expenses incurred collecting my account, and possibly including
easonable attorney's fees if so incurred during collection efforts.

In order for Happy Teeth Children's Dentistry or their designated external collection agency to service my account, and where not prohibited by applicable law, I agree that Happy Teeth Children's Dentistry and the designated external collection agency are authorized to (i) contact me by telephone at the telephone number(s) I am providing, including wireless telephone numbers, which could result in charges to me, (ii) contact me by sending text messages (message and data rates may apply) or emails, using any email address I provide and (iii) methods of contact may include using pre-recorded/artificial voice message and/or use of an automatic dialing device, as applicable.

AND THE PROPERTY OF THE PROPER	
Signature	Date