

**Powdersville Pediatric Dentistry, PA
Melanie Richards, DMD**

OFFICE POLICIES

PATIENT'S NAME: _____

- Payment for services is due when treatment is rendered.
- We accept cash, checks, VISA, MasterCard, Discover, and American Express.
- Dental insurance will be filed as a courtesy to you; however, we file only to the primary carrier. We will collect your estimated portion of the fees for services rendered that day based on your deductible and our experience with your dental plan. It is your responsibility to know your insurance benefits and frequency limitations. We will allow you to assign the benefits that normally would be sent to you to be paid directly to Melanie Richards, DMD. Insurance carriers may restrict their benefits to their own random fee schedule. These fee schedules are not necessarily our fee schedule. **YOU ARE RESPONSIBLE FOR ALL CHARGES REGARDLESS OF WHAT THE INSURANCE CARRIER PAYS OR DESIGNATES "USUAL AND CUSTOMARY."**
- If you send your child for treatment accompanied by another adult, it is your responsibility to send payment with that person for that day's treatment.
- Any balance that is older than 60 days is subject to an 18% finance charge (minimum charge is \$3.00), regardless if the insurance company has paid. If for any reason you are unable to make payment, please contact our office manager to discuss your account. If it becomes necessary to seek legal means to collect on an overdue account, you will be billed for any legal services at the standard fee plus any court costs, plus any additional collection agency costs.
- Returned checks are subject to a returned check fee.
- Broken appointments are subject to a minimal fee.
- I acknowledge that video surveillance is conducted on the premises of Powdersville Pediatric Dentistry, PA. I understand that this video surveillance is conducted in all dental treatment areas, business areas, and children's play areas only at present.
- Powdersville Pediatric Dentistry, PA retains ownership of video surveillance records as permanent records and does not include transfer of this video recording when transferring dental records to any other medical or dental provider, insurance company, or to parent/legal guardian.
- The video surveillances may be viewed and monitored at any time by authorized persons for the purpose of staff training, verification of compliance with employment policies of Powdersville Pediatric Dentistry, PA, for purposes of legal proceedings, or to investigate misconduct.

I have read the above information and understand it. I agree to the above conditions and accept financial responsibility for my (our) child's dental care.

SIGNATURE: _____ RELATIONSHIP: _____

PRINT NAME: _____ DATE: _____