

Raleigh Pediatric Dentistry

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Payment Policy

Please familiarize yourself with the information that follows. If you have any questions, please feel free to ask one of our business office staff.

- ◆ Please be aware that the parent bringing the child to our office is legally responsible for payment of all charges. We cannot send statements to other persons.
- ◆ We ask that you pay the cost of the initial examination and any necessary dental x-rays on the day of that appointment. We accept cash, personal check, MasterCard or Visa.
- ◆ Please understand that financial arrangements are made directly with you. For the convenience of our patients, the following alternatives are listed as a guide for possible financial arrangements:
 1. **Payment in full** for each appointment as services are rendered. We accept cash, personal check, MasterCard or Visa. Additionally, CareCredit offers dental financing options and our staff will be happy to assist you with enrollment.
 2. **Dental Insurance:** There is no direct relationship between our office and your insurance company. Your insurance benefits are determined by the type of plan chosen by you and/or your employer. As such, we have no say in the selection of your insurance company, we have no control over the terms of your contract, the method of reimbursement or the determination of your insurance benefits. As a courtesy, we will electronically file most insurances for you.

Pre-treatment Authorization: Some insurance companies recommend an estimate of the work to be done and the fees to be charged before determining their benefits to you. If so, we can provide you with the pre-treatment fee estimate. In this case, it will be up to you to determine if you wish to proceed with treatment before the insurance benefit is determined.
 3. **Appliances:** The cost of the appliance must be paid on the day your child's impressions are taken. This is necessary because our office must pay the lab bills when appliances are ordered, not when they are completed.
 4. **Emergency treatment:** All emergency treatment must be paid in full at the time the service is rendered.

*There may be special circumstances in which we accept assignment of benefits from your insurance company, but please remember, even if you have insurance coverage, **you are responsible for payment of your account.** Please realize that your insurance coverage is a relationship between you, the insured patient, and your insurance company. Your understanding and cooperation with this matter is greatly appreciated. You are helping to keep our overhead expenses, in the form of direct and labor costs, down. In addition, you are helping keep your fees as low as possible.*

Thank you!