

**Mt. Kisco Pediatric Dentistry
Loan Mao DDS PC**

Financial Agreement

Thank you for choosing Mt. Kisco Pediatric Dentistry for your child's dental health needs!

We do not want finances to be an issue for our patients. We understand that it is not always possible to pay your dental bill in full so, we would like to explain our financial options.

1. **Payment** is due at the time treatment is rendered. We accept Cash, Check, Mastercard, Visa, Discover, and CareCredit.
2. **Dental Insurance** – Our office is committed to helping you maximize your dental benefits. As a courtesy to you we will submit insurance claims for services rendered at no extra charge. Your estimated co-payment (the amount not covered by insurance) for treatment is due at the time treatment is provided. If you fail to provide us the required insurance information we will ask that you pay for the bill in full and be reimbursed from your insurance company with paperwork provided by our office. Our office does not guarantee that your insurance company will pay for the treatment your child receives. If your claim is denied or the treatment is down-coded and/or alternative benefits given, you will be responsible for paying the full balance amount remaining on the account. _____(initial)

Our office will not enter into a dispute with your insurance company over any claim, although we will provide the necessary documentation your insurance company requests to settle the claim.

3. **Monthly Payment Option** – If you need to make long-term payments we can offer financing with CareCredit, a medical credit card, which offers 6 months NO INTEREST financing if paid in full within the promotional period. You must qualify for this option. Please do not hesitate to ask us about this option. We may conveniently qualify you in the office today.
4. **Outstanding Balances** – All past due balances are subject to a finance charge of 1.5% per month which is an annual rate of 18% and/or are subject to all legal and collection expenses.
5. **Returned Checks** – A fee of \$25.00 will be charged for returned checks.
6. **Broken Appointments** – Our practice may charge you \$25.00 for appointment broken without 24-hour notice. We understand that emergencies occur; however, we want to make the appointment available for other patients.

I have read and fully understand my financial options and obligations. I authorize my insurance company to pay Loan Mao DDS PC all insurance benefits otherwise payable to me for services rendered. I also authorize the use of this signature on all insurance submissions. Additionally, by signing this form I authorize Loan Mao DDS PC to process credit card transactions initiated by me by mail/phone/email and I authorize my credit institution to pay.

Print Name

Signature

Date