

Financial/Insurance/Appointment Agreement

I authorize the office of Dr. Beaudet-Uy to release any information, including the diagnosis and the records of any treatment or examination rendered to my dependents or me during the period of such dental care, to third party payers.

Payment is due at the time of service. If you do have dental coverage, it will be submitted to your insurance company, unless the procedure is not covered under your plan. This is done as a courtesy from our office. If the patient has two or more dental insurances, we will file to those plans.

It is your responsibility to monitor your benefits and annual maximum. We will be happy to assist you with any resubmissions, but we cannot make telephone calls to the insurance company on your behalf. Regardless of participation, we will not become involved in disputes between you and your insurance company regarding deductibles, coinsurances, covered/non-covered charges, etc., other than provide factual information as necessary. If such a dispute occurs, the balance will become your responsibility and must be paid promptly.

I understand that I am responsible for all charges. The parent/guardian/authorized adult accompanying the minor child is responsible for payment. Payment plan needs to be addressed prior to appointment if someone other than the guardian is bringing the child. We do not get involved in financial disputes between parents.

I understand that I will be responsible for any unpaid balance (as listed on billing statement) not paid within 60 days of the monthly billing date. This includes an assessed late charge of \$5.00 each month. I realize that failure to keep this account current, with the exception of dental emergencies, will not permit additional appointments to be scheduled. If a collection agency becomes involved in the settlement of your account, all collection costs and legal fees for both parties will be the responsibility of the account holder. Scheduled appointments under this account will then be cancelled.

A parent or legal guardian (as determined by an Order of the Court) must accompany the patient to all appointments. Upon arrival, please check in with the receptionist.

A broken appointment is an appointment that is cancelled with less than 24 hours notice to the scheduled appointment. An arrival of 10 or more minutes past the beginning of the scheduled appointment time by the patient, parent or legal guardian may be considered a broken appointment. **I acknowledge there is a fee of \$50 per half hour for a broken appointment.**

Name of child/children

Signature

Relationship to patient

Date