

**NORTHWEST PEDIATRIC DENTAL—FINANCIAL AND
APPOINTMENT POLICY**

17222 Red Oak Drive, Suite 104
Houston, Texas 77090

1. As a courtesy to our patients, we agree to bill your insurance company. The guarantor, however, is ultimately responsible for all balances due. Any charges not paid by an insurance company, ninety days from the date of service, will be billed to the guarantor, and payment is due upon receipt of the bill.
2. Any payments made by the insurance company after the ninety day period will be credited to the patient's account. Those credited monies can then either be used towards future treatment, or the guarantor can request that a check be sent to his/her home address. Requested checks will be mailed no later than thirty days from the date of request.
3. We will do our best in estimating how much an insurance company will pay towards a treatment plan, and then will present that information to each and every guarantor before scheduling a patient for treatment. These estimates are, by definition, only estimates however, and an adjustment may be necessary once we have been paid by the insurance company for benefits received.
4. By scheduling your child for treatment, you are expressly agreeing that you have been given an estimate of the cost of treatment, and are fully aware of your estimated portion, due and payable upon completion of treatment.
5. Once the estimate is provided to the guarantor, it is the guarantor's responsibility to decide how he or she will pay for the outstanding balance that the insurance will not cover at the time of treatment.
6. We offer a number of payment options including those that follow:
 - ◆ Payment by personal check.
 - ◆ Payment by Mastercard or Visa.
 - ◆ Special no-interest financing *(to those that qualify, and the parent does not need to be the one to qualify)
7. It should be noted that personal checks returned because of insufficient funds, are subject to a \$35.00 late fee, and full payment plus the \$35.00 fee is due within 5 business days from the time our bank notifies us of a bounced check.
8. Failure to make payment will result in the check writer's name and personal information being forwarded to the Harris County District Attorney's office for full prosecution under the laws of Texas.
9. Our appointment time is valuable; therefore, we require a 24 hours notice in the event a cancellation of a previously scheduled appointment is necessary. The office policy is that a patient and their siblings may be inactivated from the practice should there be two appointments "no shows" or cancellations with less than 24 hours notice.

Guarantor's Name: _____ Signature: _____

Child's Name: _____ Date: _____