Financial Policy Agreement

Thank you for choosing **Kids Teeth LLC** for your child's dental care. Our goal is to provide excellent oral health care in a compassionate and transparent manner. To help you better understand your financial responsibilities, please carefully review the following policies:

Insurance Policy Acknowledgment

- I understand that my insurance policy is a contract between myself and my insurance company.
- **Kids Teeth LLC is not a party to this contract** and does not determine insurance coverage, benefits, or payment decisions.
- I understand that **co-payments are due at the time of service**, and that these amounts are **estimates only**, not guarantees of final cost.
- Without **preauthorization**, exact coverage amounts may not be available.
- If I would like a specific service to be preauthorized, I understand that this process may take approximately **3 or more weeks** to receive a written response from the insurance company.

Missed or Broken Appointments

- I understand that **missed or broken appointments** without at least 24 hours' notice may result in a fee ranging from $50 to $100, depending on the length of the appointment and the number of family members scheduled.

Billing, Late Payments & Returned Transactions

- I agree to pay all patient balances within 30 days of receiving an invoice.
- I understand that additional billing fees may apply if balances are not paid within this timeframe.
- I agree to pay any fees resulting from returned checks or declined credit card transactions.

Collections

I understand that if my account is turned over to a collection's agency due to non-payment, I may be held responsible for any collection costs incurred by Kids Teeth LLC in recovering the balance.
Responsibility for Payment

I acknowledge and agree that I am personally responsible for payment of all dental services provided to my child/children by Kids Teeth LLC, regardless of insurance coverage or reimbursement.

Child(ren)'s Name(s): _____

Parent/Guardian Name (Print): _____

Signature of Parent/Guardian: _____ **Date:** ____ / ____ / _____