



Insurance Agreement

Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract; therefore, the patient is ultimately responsible for the bill regardless of insurance coverage. Our relationship is with you and not your insurance company.

Kids Super Smile is committed to providing the highest quality of care and service to each patient with or without insurance. We choose to dedicate our valuable time to excellent customer service and your child's comfort and needs. If you have insurance we need you to be aware that some insurance companies and plans do not always cover certain established, routine and acceptable procedures. However, we feel your child deserves proper treatment that should not be influenced by your insurance company's limitations. **Since we do not have access to every contract, it is difficult, if not impossible, for us to know every limitation, deductible, frequency or allowance for every policy. Insurance companies provide us with an estimate and do not guarantee payment. It is very common to receive different answers about the same procedure from different representatives at insurance companies.** You, as the policy holder, are ultimately responsible for understanding your contract benefits which includes frequencies for any procedures and when to schedule any appointments.

Insurance Changes

Please be advised that we require a notice of **2 business days** to be informed of any insurance changes as it takes time for our office to verify your new benefits and update our system. **If proper notification is not given, we reserve the right to collect the full payment at the time services are rendered.**

Secondary Insurances

Due to the length of time it takes to process and receive payment from secondary insurances, Kids Super Smile will only process the following in-network secondary PPO insurances:

- Ameritus/Principal
- Delta Dental
- Guardian
- Humana
- United Healthcare
- Anthem Blue Cross
- Wellpoint
- Unicare T3
- Dentemax (some Aetna, Cigna, Metlife and United Concordia)

However, we will provide you with an Attending Doctor's Statement and a current blank ADA claim form to aid in the submission of any out of network secondary insurance.

Parent/Guardian Signature: _____ Date: _____



Financial Agreement

Balances

Please understand that if there is a balance on your child(ren)'s account , payment must be collected **before** your child is seen by the provider. ***Refusal to pay the balance will result in your child(ren)'s appointment(s) to be canceled until the balance is paid.***

Initials

Cancellations

Also, please be advised that we require a notice of **2 business days** for appointment cancellations so that we can give this valuable time to another child. Appointments are made by you and it is your responsibility to keep them. If a **2 business day** notice is not given, a \$50 charge will be applied to your account for each appointment cancelled.

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Unpaid Balance Fees

A \$10 late fee will be charged for all unpaid accounts after 30 days. A \$25 collection fee will be assessed if the account is still unpaid after 60 days. ***If the account remains unpaid and goes to a collection agency the account holder is responsible for any collection costs and/or attorney fees.*** All scheduled appointments that have unpaid balances after 90 days will be cancelled.

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Punctuality

Here at Kids Super Smile our goal is to provide our patients with the highest quality of care and service. In order to provide this optimal care for your children, we need to make use of your entire reserved time. If you arrive late to your appointment and this interferes with another patient's scheduled appointment, we do reserve the right to reschedule your appointment.

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Parent/Guardian Signature: _____ Date: _____