



Newport
Pediatric
Dentistry

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FINANCIAL POLICY

Thank you for choosing our office for your child's dental treatment. We are committed to their successful treatment! Please understand that *payment of your bill is considered a part of your child's treatment.*

- Please be aware that the parent bringing the child to Newport Pediatric Dentistry is *legally responsible for payment of all charges.* We cannot send statements to other persons.
- **Payment is expected in full for each appointment as services are rendered.** For the convenience of our patients, we accept cash, personal checks (which CANNOT be post-dated), MasterCard, VISA and AMEX.

DENTAL INSURANCE:

If we have received all of your insurance information on the day of the appointment, we will be happy to file your claim for you. You must be familiar with your insurance benefits, as we will collect from you the estimated amount insurance is not expected to pay. By law your insurance company is required to pay each claim within 30 days of receipt. We file insurance electronically, so your insurance company will receive each claim within days of the treatment. You are responsible for any balance on your account after 30 days, whether insurance has paid or not. If you have not paid your balance within 60 days your account will be turned over to a collection agency. We will be glad to send a refund to you if your insurance pays us.

PLEASE UNDERSTAND that we file dental insurance as a courtesy to our patients. We are not responsible for how your insurance company handles its claims or for what benefits they pay on a claim. We can only assist you in estimating your portion of the cost of treatment. We at no time guarantee what your insurance will or will not do with each claim. We also cannot be responsible for any errors in filing your insurance.

EMERGENCY TREATMENT:

All emergency treatment must be paid in full at the time the service is rendered.

We recognize that under unusual circumstances an account balance may be incurred. Newport Pediatric Dentistry required that all outstanding balances *be paid in full within thirty (30) days* unless other arrangements have been made. Also note, if we have not received payment or you have not contacted us within thirty (30) days, further action may be taken. Thank you in advance for your understanding of our financial policy!

APPOINTMENT POLICY

- *We strive to see all patients on time* for their scheduled appointment. There are times when our schedule is delayed in order to accommodate an injured child or an emergency. Please accept our apology in advance should this occur during your appointment. We will do the exact same if your child is in need of emergency treatment.
- *Broken or missed appointments affect many people.* If two (2) broken/missed appointments occur or two (2) cancellations without 48-hour notice, our office reserves the right to NOT schedule any subsequent appointments and/or charge a \$75.00 broken appointment fee. If a patient misses an appointment at Newport Hospital a \$350.00 fee will be assessed. We require one week cancellation notice for appointments at Newport Hospital.

If at any time you have questions, please feel free to ask our staff or call our office. We are here to help in any way we can. We appreciate you entrusting your child's dental health to us. Thank you!