

Dentistry for Children at Weston, P.A.
Yedda Gomes – Ruane, D.M.D.

Thank you for choosing Dentistry For Children. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Office Financial Policies

We will be sure to discuss our estimated fees prior to the beginning of your treatment. Payment of fees for services rendered is expected at time services are provided. We accept: Cash, Checks (returned checks are subject to a to \$45.00 fee), Visa, MasterCard, American Express, Discover Card or Care Credit. Since our profession is based on an appointment schedule, our policy is to charge for missed appointments, unless your appointment is cancelled within 24 hrs in advance, a charge of \$100.00 will be applied to your account (per child).

Insurance:

I authorize Dentistry for Children to submit insurance claims on my behalf. I am aware that this service is being provided **as a courtesy**. I understand that I will be financially responsible for all services that are not paid in full within 45 days of service regardless of any reason given by the insurance company. If this account should become delinquent and or past due after 90 days, I agree to pay all costs of collection including, but not limited to, court costs, sheriff fees, collection agency fees, attorney's fees and interest from the date of service in the amount of 18% per annum (1.5% per month).

Insurance information:

Please give both your dental and medical insurance card(s) and driver's license to the receptionist to copy.

Responsible Party (please print): _____

Signature _____ **Date** _____