TYLER CARTER, DDS
DIPLOMATE, AMERICAN BOARD OF PEDIATRIC DENTISTRY

RANDY WEINSHEL, DDS
DIPLOMATE, AMERICAN BOARD OF PEDIATRIC DENTISTRY

FINANCIAL POLICY

EXPECTED PAYMENT

1. We require that all co-payments be paid at the time of service.
2. For your convenience, an **ESTIMATE** for dental care will be prepared prior to scheduled appointments to ensure you the opportunity to plan in advance for your child's dental care.

DENTAL INSURANCE

1. We request that you familiarize yourself with your child's insurance benefits and provide us with correct information to assist with the submittal of your child's claims.
2. We will accept the estimated insurance payment directly from your insurance company provided payment is received within 45 days.
3. Please remember that your insurance is a contract between you, your employer, and the insurance company; therefore we **CANNOT GUARANTEE** any estimated coverage.
4. Not all services are covered benefits in all contracts; therefore, **YOU** are ultimately responsible for the total amount due.
5. Recommended dental care is indicated based on individual patient needs regardless of dental insurance benefits, deductibles, limitations, or maximums.

DELINQUENT ACCOUNTS

1. Account balances should be paid within 30 days of the account statement to avoid a one time $20 late fee.
2. There will be a $25 service fee for any check returned from our financial institution.
3. Outstanding balances after 90 days will be transferred to a collection agency unless prior arrangements have been made.
4. I further agree to pay all finance charges, collection fees, attorney fees, and any other cost that may be incurred to enforce collection of any amount outstanding.

I have read, understand, and am responsible for the above financial policies.

I have read and understand the HIPAA/Privacy Policy.

Parent/Guardian Name	Parent/Guardian Signature	Date

3220 S. Gilbert Rd., Ste. 1, Chandler, AZ 85286
O: 480-802-2200 | F: 480-802-8400

20774 Walnut Rd., Ste. 102, Queen Creek, AZ 85142
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