

Agreement for Dental Services

The parent or legal guardian hereby retains Dr. Ann Freedman and/or Dr. Jacqueline Galvez to render dental services to and for the benefit of the patient.

**The parent or legal guardian who brings the child to their visit hereby agrees to pay for all the bills and charges for services promptly. The charges or co-pays are due at the time services are rendered.**

The parent or legal guardian acknowledges that he/she is responsible for all charges incurred in the rendering of dental services, regardless of what type of insurance he/she carries. Any action by this office to process insurance claims or other benefits on behalf of the patient will not relieve the parent or guardian of the obligation to pay the bill. The parent or guardian further understands that any failure by the insurance company or other provider of benefits to pay for all or part of the patient's bill will not excuse the obligation to pay for services rendered.

This office will make every effort to assist you in filling and processing claims, but due to the many changes in insurance policies, it is no longer an easy task to interpret each individual policy. Therefore, we urge you to please check with your insurance company regarding your coverage. **IT IS YOUR RESPONSIBILITY TO KNOW YOUR INDIVIDUAL COVERAGE AND LIMITATIONS. FAILURE TO COMPLY WITH THIS SUGGESTION COULD RESULT IN YOU BEING RESPONSIBLE FOR ALL COSTS.** Please remember that your insurance policy is between you and your insurance company.

If you have a co-payment, co-insurance, or deductible, it must be paid at the time of services unless prior arrangements are made. If your treatment exceeds your insurance plan's maximum yearly allowance you will be responsible for those charges in full.

If you have had treatment at another office that has been applied to your maximum allowance, or if your child had a recent dental cleaning elsewhere and are seen in our office too early for their cleaning, you will be responsible for those charges that your insurance rejects due to improper timing or exceeding the maximum allowance.

White color fillings on back teeth are considered an alternative benefit to silver amalgam. Your insurance company only allows a certain percentage for silver fillings. Since we are an amalgam free office you are responsible for the difference between that allowance and the higher charge for white fillings. If you would like an estimated co-pay, please see the front desk.

If you need a referral from your insurance company to a specialist's office it is your responsibility to obtain it prior to the appointment. If the referral is not obtained, you may need to reschedule your visit.

Some insurance companies must have services authorized in advance. Our office is extremely busy and cannot always get through to your insurance for authorization. We are often left on hold or told to call back another time. Therefore, if we are unable to get proper authorization for certain services rendered you will be financially responsible.

If you have changed your coverage since your last visit you must notify us AT LEAST 2 DAYS PRIOR to your child's visit if you expect us to bill your carrier, otherwise you will have to pay our office in full and get reimbursed.

In the event that this office finds it necessary to resort to collection action due to an unpaid bill, the parent or legal guardian agrees to pay all costs, expenses, and attorney's fees associated with collection.

The parent or guardian authorizes Freedman and Spont P.A. to bill the insurance carrier for services rendered.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_ Date \_\_\_\_\_ Relationship to child \_\_\_\_\_