Abdoney Pediatric Dentistry

Financial Policy

Thank you for choosing us as your dental health care provider for your child. We are committed to your child's successful treatment. Please understand that payment of your bill is considered a part of your child's treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

In order to keep fee increases to a minimum and continue to provide the best quality care for our patients, we ask that you pay for your child's treatment with one of the following options at the time of service:

- Cash
- Check
- Credit Card- Visa, Mastercard, American Express and Discover

Patients with Dental Insurance:
The member is ultimately responsible for all account balances regardless of insurance coverage.

Not all services are covered benefits in all contracts. Your employer has selected the level of coverage based on the premium paid.

As a courtesy, we will submit your child's claim to your Insurance Company; however we ask that you pay your co-payment at the time of your child's service if applicable. Insurance co-payments may change according to the procedures performed and your policy that you have with your employer. Any balance that is not covered by your dental insurance will be your responsibility; after 60 days a finance charge will start accruing on any unpaid balance.

Note: Any insurance plan that pays directly to the member requires payment in full at the time of service, unless prior arrangements have been made.

If your Insurance Company fails to pay in 60 days we are left with no options but to turn over the balance to you for payment. Any further follow up for reimbursement to the Insurance Company will be your responsibility.

Truth & Lending: Finance charges will be assessed on all accounts with balances not paid within 60 days at a rate of 1.5%.

If paying by personal check we will assess a $15.00 fee on all returned checks.

I understand and agree that I am ultimately responsible for the balance on my account for any professional services rendered, as well as any finance charges accrued. I authorize payment directly to Abdoney Pediatric Dentistry for benefits to me. I leave my signature on file for future claims that relate to my child's services.

_____ _____

Responsible Party or Legal Guardian Date

TRUTH IN LENDING

Abdoney Pediatric Dentistry

Explanation of Finance Charges

Finance Charge: A finance charge is imposed on those charges not paid in full within 60 days of the date you were first billed for the charges. The balance on which any finance charge is computed is determined by totaling the charges not paid within the time period shown and on the front of your billing statement.

The finance charge is a periodic rate of 1.5% monthly or 18% annually. The finance charge is computed by multiplying the balance on which the finance charge is computed by the periodic rate shown above. There is a $1.00 minimum finance charge.

YOUR BILLING RIGHTS UNDER THE FAIR CREDIT BILLING ACT

If you think you have been billed incorrectly, or if you need more information about a transaction on your bill, please contact our office in writing at Abdoney Pediatric Dentistry 2220 Bloomingdale Ave Valrico, FL 33596. We must hear from you no later than 60 days after we have sent you the first bill on which the error or problem appeared. You may contact via phone at 813-651-0400, but doing so will not preserve your rights.

YOUR RIGHTS AND OUR RESPONSIBILITES AFTER WE RECEIVE YOUR WRITTEN NOTICE

- We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct or explain why we believe the error was correct
- After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to bill you for the amount in question, including finance charges. You do not have to pay any questioned amount, while we are investigating, but you are still obligated to pay the parts of your bill that are not in question.
- If we find that there is a mistake on your bill, you will not have to pay any finance charges related to any questioned amount.
- If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within 10 days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. And we must tell you the name of anyone we reported to. When the matter is finally settled between us, we must tell anyone we report you to that is has been settled.
- If we do not follow these rules, we cannot collect the first $50.00 of the questioned amount even if your bill was correct.
- Your continued use of this account constitutes your acceptance of the above state conditions.

I agree to be responsible for all charges for dental services and understand the financial policy as stated above. To the extent permitted under applicable law, I authorize release of any information relating to any insurance claims.

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Responsible Party or Legal Guardian Date