



Pediatric Dentistry of Spartanburg

Office Policies

Dental Insurance and Financial Policies:

Please note that we are not a participating or contracted provider with any insurance company. As a courtesy to our patients, we will file your insurance based on the information you provide. Most plans only cover a portion of the dental fee, which means you, will be responsible for your deductible and the portion we estimate your plan will not cover. We will provide you with an estimate, but due to insurance terms, eligibility, and clauses, the estimate is not exact. For more specific details concerning your insurance, you should contact your insurance company. Payment of your estimated portion is expected at the time you are in our office for dental care. Please note that any deductibles or co-payments are strictly an estimate and there may be a balance remaining after your insurance pays. Some, or perhaps all, of the services provided may be non-covered services and not considered for payment by your dental plan. We do not base our treatment recommendations on the benefits of any insurance policy, but solely upon the dental health needs of our patients.

We are committed to providing you with the best care possible, and we are pleased to discuss our Professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your responsibility.

Payment Options:

We accept cash, checks, and most major credit cards. We also offer interest free financing for qualifying patients, through **Care Credit**. Please see if our financial coordinator for more information.

Missed Appointments:

We value you as a patient and we specifically set a special time for child's needs. However, before your child's scheduled appointment, you will receive several reminders about your appointment. Please confirm your child's dental appointment or reschedule 48 hours prior to your child's appointment. If your child's appointment is broken less than 48 hours' notice, we reserve the right to refer your child to another dental office. Also, if your arrival is more than 10 minutes beyond your reserved time, we may have to reschedule your child's appointment.

By signing below, I state that I have read and understand the policies of Pediatric Dentistry of Spartanburg. I also give consent for my child to receive a cleaning, fluoride treatment, examination, and x-rays as deemed appropriate.

Signature of Parent/ Legal Guardian

Date