Written Financial Policy

Thank you for choosing Precious Pearls Pediatric Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available.

Payment Options:

- Cash, Check, Visa, MasterCard, American Express or Discover Card

Please note:
Precious Pearls Pediatric Dentistry requires payment at the beginning of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. PLEASE UNDERSTAND that we file dental insurance as a Courtesy to our patients. We are not responsible for how your insurance company handles its claims or for what benefits they pay on a claim. We can only assist you in estimating your portion of the cost of treatment. We at no time Guarantee what your insurance will or will not do with each claim. It is your responsibility to ensure that your insurance is active and that your child is active under your plan. Also to be aware of any deductible and copayment due at the time of your appointment.

By law your insurance company is required to pay each claim within 30 days of receipt. We file to all insurances electronically, so your insurance company will receive each claim within days of the treatment. You are responsible for any balance on your account after 30 days, whether insurance Has Paid or Not. If you have not paid your balance within 60 days a re-billing fee of 1.5% will be added to your account each month until paid. We will be glad to send a refund to you if your insurance pays us.

A fee of $25 per child is charged for patients who miss, cancel, or reschedule an appointment the same day. A fee of $50 per child will be charged for patients who repeatedly miss, cancel, or reschedule an appointment the same day.

In order to schedule a treatment appointment (i.e. fillings, extractions, etc.) you will be required to pay a $50 non-refundable deposit. This non-refundable deposit will go towards total procedure costs including deductibles and co-payments. If you reschedule your appointment with a 48 hour notice or more no additional deposits will be charged. If you reschedule after the 48 hour window an additional $50 will be charged to secure your new appointment time.

Precious Pearls Pediatric Dentistry charges $35 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

_____ _____

Patient, Parent or Guardian Signature Date

_____ _____

Patient Name (Please Print)

Please note a signature attesting that you have read and understood the contents of this form will be required during your visit.

Please turn over →

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. Please note that if you are providing an FSA card, we will require a second card on file. The second card will only be charged if your FSA card does not have sufficient funds.

Credit Card #1 Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX □ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ CVV code: _____
Cardholder ZIP Code (from credit card billing address): _____

Credit Card #2 Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX □ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ CVV code: _____
Cardholder ZIP Code (from credit card billing address): _____

I,_____, authorize Precious Pearls Pediatric Dentistry to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_____ _____

Parent Signature Date

_____

Patient Name (Please Print)