

Dr. Delaney Pediatric Dentistry/ Raider General Dentistry

Financial Policy

We make every effort to keep down the cost of care. The office has a zero balance policy; all previous balances must be paid in full before any future appointments.

Payment is due in full at the time of treatment for all patients without dental insurance.

All patient co-insurance, estimated copays, deductibles are due the day of service. The office will accept assignment for insurance plans that we participate with.

Assignment of Financial Responsibility and Release of Information

1. I authorize the release of any dental information necessary to process my insurance claims.
2. I authorize and request payment of dental benefits directly to Dr. Delaney Pediatric Dentistry/ Raider General Dentistry.
3. I understand that this authorization may not cover all or partial dental services rendered.
4. I understand that I am financially responsible for any and all charges not paid by the insurance plan for services provided.
5. I understand that is not a guarantee that my insurance will pay for services even if verified/ preauthorized prior to treatment.

Print Name	Patient Representative Signature	Date

In an effort to provide you with flexible payment options we accept the following: checks, cash, Visa, MasterCard, American Express, Discover and Care Credit.

Credit Card # _____ Expiration Date _____ Code _____

Name of Cardholder	Signature	Date

For all accounts with balances that are not paid within 45 days, the balances will be charged to your credit card on file. All accounts that are 90 days past due are subject to collection. You will be responsible for all collection costs, attorney fees and court costs.