



Office Billing and Insurance Policies

PAYMENTS

Payments are due the day services are performed. Payment is accepted in the form of cash, check, debit cards, or credit cards (Visa, MasterCard, Discover, or American Express).

IF YOU HAVE INSURANCE

- All fees are your responsibility regardless of insurance payment
- You are responsible for providing current insurance information
- Estimated portions are due at the time of service
- Balance not paid by insurance within 60 days is your immediate responsibility

Please initial the following if you have insurance:

_____ I UNDERSTAND THAT Little Smiles Pediatric Dentistry, P.A. is filing my insurance claim(s) on my behalf and that I am financially responsible for any amount that my insurance company does not pay.

_____ I hereby authorize the release of information of my dental records to my insurance company.

_____ I hereby authorize direct reimbursement to Jennifer L. Kiening, D.D.S. and Little Smiles Pediatric Dental, P.A.

TREATMENT POLICY (please initial the following):

_____ I hereby authorize Jennifer L. Kiening, D.D.S and the staff of Little Smiles Pediatric Dentistry, P.A. to perform the treatment necessary to maintain my dental health and hygiene.

CANCELATION POLICY (please initial the following):

_____ I agree to provide a 24 hour notice for any scheduling changed or cancelations to prevent fees from being assessed to my account.

I have read and understand the PAYMENT, TREATMENT AND CANCELATION POLICY.

Parent/Guardian Signature _____ Date _____