



Jeffrey C. Jaynes, D.D.S.

Dentistry for Children
5800 Coit Road, Suite 600
Plano, TX 75023
972-491-3916

FINANCIAL POLICY

We are pleased to welcome you to our practice. Our goal is to give your children a positive dental experience in a caring and enjoyable atmosphere while providing the highest quality dental care and oral health education available. ***It is our policy to make definite financial arrangements with you before any treatment starts.*** Below is an explanation of our payment procedures. If you have any questions, please do not hesitate to ask.

1. Payment for services is due at the time services are rendered. We accept cash, checks, and credit cards (VISA, MasterCard, and Discover).
2. As a courtesy, we will provide you with a copy of the charges to submit to your insurance carrier for your reimbursement or you may assign the payment to our office and we will file the insurance for you.
3. You must provide the office with a dental (**not medical**) insurance card with the proper mailing address of the insurance company, or provide a dental (**not medical**) claim form, which is provided by the employer. If one of these documents is not available at the time of the appointment, you will be responsible for payment of all fees and we will provide you with a claim form for you to submit for reimbursement.
4. If insurance benefits are assigned to the doctor, you will be responsible for paying your deductible and co-payments at the time of service. **You are responsible for paying all charges not covered by your insurance company, including all fees considered above your insurance company's usual and customary fee schedule.** Your insurance benefits are a contract between you and your employer. The amount of coverage you will receive will depend on the quality of the plan purchased by your employer, not the fees of the doctor.
5. Our office will file your insurance a maximum of **two times** per appointment.
6. **If the claim is not paid by your insurance carrier within sixty days, you will be responsible for the full balance and further insurance appeal becomes your responsibility.**
7. The office cannot carry balances longer than 90 days; regardless if the insurance payment is still pending. A \$5.00 monthly re-billing charge will be added to your account if it is not paid within 90 days, regardless of balance amount.
8. After 90 days, we will inform you of the delinquent account by letter and if no action is taken to clear the account, this office will be required to employ collection service to collect payment.
9. There will be a \$30.00 service charge for all returned checks.
10. The parent or guardian who brings the child for their initial visit is responsible for payment independent of what a divorce decree may state. Reimbursement must be made between the divorced parents. We will not intervene.

AUTHORIZATION

1. I authorize Dr. Jeffrey C. Jaynes and staff to release any information concerning my case to my insurance company.
2. I have read and accept the above Financial Policy, understand it and agree to the terms set forth regarding payment.

Signature of Parent or Responsible Party

Date