Growing Smiles in Floral Vale
Pediatric Dentistry by
Dr. Sheryl Radin
Dr. Ross Levine
808 Floral Vale Boulevard
Yardley, PA 19067
(215) 860-9808
www.growingsmilespa.com

FINANCIAL POLICY

We are pleased that you have chosen our practice for your child's dental care. We thank you for trusting us with your child's dental needs. Dr. Radin, Dr. Levine and their entire staff strive to provide you with the finest care available. Your child's personalized treatment is based solely on their dental needs, not on your insurance coverage. Although you may have insurance coverage, some procedures may not be covered. A deductible and/or co-pay may be required.

Payment is due at the time services are rendered. For your convenience we accept **cash, personal checks up to $500.00, Visa, MasterCard, Discover and CareCredit**. A fee of $30.00 will be added to your account for any checks returned by your bank.

Insurance benefits are determined by your employer, not your dentist. Insurance is not a guarantee of payment; it may not cover all your costs. Your insurance policy is a contract between you and your insurance company. We will do our best to maximize all the benefits that you are legally entitled to. As a courtesy, we will be glad to file your claim on your behalf. Please provide us with your dental insurance card and required employer information.

Each patient is given sufficient time with personalized attention. We understand that emergencies occur and appointments need to be rescheduled. When a patient does not give 24 hours notice of a cancellation, we are unable to offer that appointment to another patient who needs it. A $50 cancellation fee will be charged for any appointment cancelled less than 24 hour prior to appointment time. We reserve the right to dismiss any patient from the practice who misses or cancels, without 24 hours notice, three or more consecutive appointments.

Drs. Radin and Levine, in accordance with the American Dental Association, recommends a fluoride application every 6 months. Your insurance may not provide coverage for fluoride treatments every 6 months. It is the parent's responsibility to verify coverage and frequency limitations regarding fluoride treatments. Please notify our staff if you choose to forego the fluoride treatment at your appointment time.

I HAVE READ, UNDERSTAND AND AGREE TO ALL THE ABOVE.

Signature:_____ Date:_____