

Tranquil Smiles Pediatric Dentistry

Dr. Kimberly Tran DDS.

Insurance Policy / Financial Policy

We welcome your child and family into our dental practice, and we will strive to make your child's dental experience positive and pleasant. To provide your child with the highest standards of dental care we need your assistance and understanding of our financial and insurance policy.

Payment: We accept cash, personal check, Visa, MasterCard, Discover, American Express and Care Credit. Payment of services is due in full at the time services are rendered for all new patient evaluation appointments, prophylaxis (professional cleanings), emergency evaluations, and recare appointments.

Dental Insurance: We are not contracted with any dental insurance companies. Patients who carry dental insurance understand that all dental service fees are charged directly to the patient and that he or she is personally responsible for payment regardless of dental insurance. As a courtesy, if you have dental insurance with out-of-network benefits and you have paid in full, we will be happy to file your insurance claims and have the reimbursement sent to you directly. This is only if you have provided us with the accurate and complete information to verify your insurance at least 2 business days prior to your child's appointment and that your insurance company has given us all the correct information. Insurance companies have a wide variety of rules, plan limitations and exclusions that our office may not be aware of. Please understand that all insurance policies are different and contain various provisions and limitations and we have absolutely no control over the reimbursement process or determination of your eligibility. Dental insurance is a benefit for the patient provided by their employer and the contract lies between the patient, employer, and the insurance company, not the dentist.

Treatment: If you have dental insurance with out-of-network benefits, we will verify your policy; however, insurance companies do not always release specific information regarding coverage. At your child's evaluation appointment, we will attempt to estimate your dental benefits to the best of our ability; this is an ESTIMATE ONLY, not a guarantee of coverage and should not be depended on as the final decision. Your estimated portion for dental treatment can only be extended for a period of 90 days from the date of the patient's last examination. At the treatment appointment we will collect your estimated portion and send a claim for the remaining balance to your insurance to be sent to our office. For some patients with Blue Cross Blue Shield and Delta Dental our office will NOT be able to collect an estimated portion for dental treatment due to their plan limitations. Therefore, payment with these insurance plans will be due in full on the day of treatment.

Deposit for Treatment: Our treatment appointment times are limited to Monday and Tuesday only, these fill up quickly and at times have a waiting list. We require a deposit of 50% of your estimated treatment portion to be collected no later than the Thursday prior to your appointment. Please note, our office is closed on Friday, and it is very important that we communicate with you verbally or by text by 3:00pm the Thursday prior to your appointment to confirm and collect your deposit. Providing this notice by Thursday at 3:00pm allows the office to reserve this time for your child. If you fail to provide a 48-hour advance notice, it will be necessary to charge a separate non-refundable \$50.00 cancellation/no-show fee to your credit card on file on the day of the missed appointment. Failure to keep scheduled treatment appointments is costly to both our office and you as a patient.

Balances: If there is a balance on your account once insurance has paid their share, a statement will be sent to you for the remaining balance and will be due to our office upon receipt. Any under payment made by your insurance company is your responsibility. You will receive a statement reflecting the balance, and we ask that you pay your remaining portion upon receipt of the statement. If we have not received payment from your insurance company within 45 days of the service being rendered, you will be responsible for the balance. Any account that is overpaid by your insurance will receive a prompt refund. Our office reserves the right to stop filing your insurance, if at any time there is a problem with your account because of your insurance carrier, or your unwillingness to cooperate with our office policies. As a courtesy to you, our staff will assist you with any conflicts you may have regarding your insurance but please understand we cannot guarantee the outcome. Any account balance over 90 days will be turned over to our attorney for legal action. Returned personal checks are subject to a transaction fee by our office.

Cancelled Appointments: We reserve the right to charge \$50.00 for appointments cancelled or broken without 48 hours advance notice.

Divorce: In matters of separation or divorce, the parent or guardian accompanying the patient on the day of service is responsible for payment on that day. We cannot intervene in matters of divorce, nor can we contact a parent/guardian not present in our office for payment.

We must emphasize that as a dental care provider, our relationship is with you and your child. If you should have any questions regarding the above information, please don't hesitate to ask. We will be happy to help you in any way possible.

PLEASE RETAIN THIS COPY FOR YOUR RECORDS.