



CREDIT POLICY

Welcome to Antioch and Brentwood Pediatric Dentistry! In our office, the primary goal and responsibility of our staff is to help the children obtain optimal dental health. To help us direct our time toward this goal, we have prepared this letter so that you will be aware in advance of our credit policy.

Payment in full is expected at the time of treatment. When this is not possible, financial arrangements must be made prior to treatment. We do accept VISA, MASTERCARD, CARECREDIT, DISCOVER, AMEX, and ATM Debit Card for your convenience. A late charge of **\$10.00** will be added to unpaid balances over 30 days past due. Cancelled appointments with less than a **48 hour** notice will result in a **\$50.00** charge.

DENTAL INSURANCE

Patients with dental insurance must provide accurate and complete insurance information to ensure proper filing of the dental claim. You will be required to pay your portion on the day of treatment. Please remember that professional services have been rendered and are charged to the patient and not to the insurance company.

Although you may have insurance claims pending, **you will receive a statement each month** for the outstanding balance on your account. We cannot accept responsibility for the collection of insurance claims or for negotiating a disputed claim. Insurance reimbursement is a contract between you and your carrier. Your insurance company determines your eventual reimbursement. You are responsible for the payment of your account within the usual limits of our credit policy. If your insurance does not pay within 60 days we shall expect payment in full from you.

Please let us know if you have any questions or if we may assist you in any other way.

Parent / Guardian Signature

Date

Patient Name

www.abkidsdent.com

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