MONTCLAIR
Pediatric Dental
CARE
Tyra J. Manso, D.D.S.

Financial Agreement

Thank you for choosing Montclair Pediatric Dental Care (MPDC) as your dental home.

Please read our financial agreement. Sign and date prior to any treatment.

For my convenience, this office may release my information to my insurance company, and receive payment directly from them.

I understand that if I begin major treatment that involves lab work, I will be responsible for the fee at that time.

I agree to pay finance charges of 1.5% per month (18% APR) on any balance 90 days past due.

I will pay a $50 fee for appointments broken without 24 hour notice.

Treatment plans sometimes change, and I will be responsible for the work completed on the date of service.

In an effort to make our patients' dental care affordable, payment is required at the time of dental treatment. If you do not have dental insurance, full payment is due at the time of service. If you have dental insurance, we require an estimated co-payment or coinsurance payment on the date services are rendered. If your account has an overdue balance, future treatment may be delayed until your balance has been paid in full. For your convenience, we accept cash or credit.

DENTAL INSURANCE

I understand that fees for services not covered by my insurance are my financial responsibility. Any insurance quote received from Montclair Pediatric Dental Care is only an estimate of your dental benefits and not a guarantee of payment. As the insured, it is your responsibility for the understanding of your policy.

PLEASE KEEP IN MIND OUR FINANCIAL POLICY APPLIES TO WHOEVER BRINGS THE CHILD IN FOR TREATMENT. THAT PERSON IS FINANCIALLY RESPONSIBLE FOR ANY CHARGES INCURRED ON THE DAY OF THE APPOINTMENT. WE DO NOT SEND STATEMENTS TO OTHERS OR OTHER PARENTS.

I have read, understand, and agree to the Montclair Pediatric Dental Care financial agreement.

Patient Name:_____

Signature of Parent/Legal Guardian:_____ **Date: / /**

Print Parent/Legal Guardian Name:_____