

Financial Policy Information
Effective January 1, 2018

Thank you for reviewing this information

Indianapolis Pediatric Dentistry LLC is a participating provider with Delta Dental Premier, Anthem Dental Blue 100/200/300, and Dental Health Options. We accept all insurances; however, we are not “in-network” with all insurances.

1. Payment is due in full at the time services are rendered. As a courtesy, we will gladly file your insurance when you are able to provide all pertinent information. You are responsible for prompt payment of any balances remaining after insurance claims have been processed. A monthly finance fee (minimum of \$6.00) will be applied to all accounts with an outstanding balance after 60 days.
2. We accept MasterCard, Visa, Discover, American Express and checks/cash. A \$35.00 fee will be assessed to your account for any check returned for non-sufficient funds.
3. The responsible party is the parent that brings the child in for the dental visit, independent of what a divorce decree may state. Reimbursement must be made between the divorced parties. We will not intervene.
4. You agree to be financially responsible for all charges related to the services provided in our office, as well as any finance fees, collection agency costs, court costs and attorney fees for accounts that are not paid when due. Any accounts with balances that are 120 days past due may be forwarded to a third party collection agency.

Appointment Cancellation Policies

Every effort is made to see patients in a timely manner and according to schedule. On time arrival for appointments helps us to provide the quality experience for which we strive. If you arrive 15 minutes or more after your appointment time, you may be asked to reschedule or wait until there is an opening, depending upon schedule and staff availability.

In order to meet the demands of the busy schedules of our patients, we offer to place patients on a waiting list. If you need to reschedule your appointment, advance notice is requested and appreciated so your appointment time can be offered to another patient.

Cancellation policy: Our office requires 48 hours notice of cancellation. For any appointment that is not cancelled 48 hours in advance, a fee of \$50.00 per 30 minutes scheduled can be charged to your account. We reserve the right to dismiss a patient after the third failed appointment.