



## Financial Information and Agreement

Please read and sign the following information regarding your responsibility for services rendered at our office.

We will file primary insurance as a courtesy for our patients; however, account balances are ultimately the patient's responsibility. Please note that while most routine dental cleanings are covered at 100% that does not mean that your insurance will pay our entire bill. Any part not covered by your dental benefits will be billed to you the insured. On all services rendered besides cleanings, the patient is responsible to pay their portion due at the time of service. Any services that we provide that we know insurance will not cover such as bleaching procedures or splints are payable in full at the time of service.

Payment for professional service is expected at the time of service. For your convenience, we accept payment in the following forms:

Cash or personal check  
Visa, MasterCard or Discover  
100% co-payment if patient has dental insurance

Accounts that become past due are subject to a monthly 1% finance charge. If your account should ever be sent to a collection agency, you agree to pay any legal fees incurred by Bellevue Kids Dentist pertaining to your account and the collection fee charged to us by the collection agency. Should credit be extended to you by our office, a credit check will be made through a credit reporting agency.

Please note that the parent who brings the patient to our office and signs this policy is the responsible party for their child's account. We are not able to bill a third party for any amount owed to us.

If you have insurance please be sure to give a current copy of your insurance card along with a valid ID to our receptionist so that we have a copy in your file.

I have read and understand this policy and agree to pay all fees charged to my account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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