



**Just Kids Pediatric Dentistry, PLC
303 Rt. 5 South
Suite 2, Unit 11
Norwich, VT 05055
(802)649-5210**

Insurance and Billing Policies

Payment for treatment is due at the time of service.

We accept cash, checks and major credit cards.

We will submit claims to your insurance company on your behalf. Your estimated copay will be required at the time of service. Please understand this is an estimate only and after insurance pays there may still be a balance due from you and you will have 30 days to pay the balance in full. We apply a finance charge of 1.5% to every account 30 days past due. ***Continued non-payment may result in your account being referred to a collection agency as well as refusal to schedule future appointments and/or dismissal from the practice.***

You, the patient's parent/guardian, have the contract with your insurance company. It is your responsibility to know what your particular contract covers. ***As a courtesy we do our best to check insurance eligibility but ultimately it is your responsibility to know your eligibility, co-pays, co-insurance and deductibles.***

You must provide us with your most up to date insurance information at the time of service or before each appointment. Additionally, we file the claims on your behalf, but please note this is a courtesy. We estimate to the best of our ability, but we can never guarantee that your insurance will pay for treatments provided. If there are any question, please follow-up directly with your insurance policy/agent.

Parent/Guardian Name Printed

Signature

Date

Patient(s) Name