Dentistry for Kids
Amy Waxman, DMD & Lisa Honig, DDS
Pediatric Dentistry & Orthodontics for Infants, Children, & Teenagers

Financial Policy & Agreement

Insurance

Our office works closely with most insurance plans. We will be happy to do a complimentary benefits check for you when you come into the office for the first time. We will work with you and your insurance company to ensure that you receive the maximum benefits to which you are entitled. Most insurance carriers will pay our office with your signature assigning benefits to be paid to Dr. Waxman. Your signature on this form will authorize direct payment of dental benefits, otherwise payable to you, directly to our office. We will process your claims for you, and if there is any portion for which you are responsible after they pay the claim, a statement will be sent to you.

Dental Insurance is intended to cover some, but not all, of the cost of your dental care. Most plans include coinsurance provisions, a deductible, and certain other expenses which the patient is required to pay. Please check your benefits to familiarize yourself with your coverage – we cannot be responsible for knowing every plan for every patient. We will do our best to estimate any out of pocket cost for you. **Co-payments are due at the time of service.**

If you do not have dental insurance, we ask that you pay at the time of service. Payment arrangements can be made for your balance if necessary.

Payment Options

For your convenience, the following options are available:

- Cash or check
- Credit Cards & Debit Cards: Visa, Mastercard, Discover, American Express, & Care Credit

Appointment Cancellations

An appointment is a contract of time reserved for your child/children's treatment. We respect our patient's valuable time and we request the same courtesy from our patients. Please extend this courtesy should you need to cancel or re-schedule your appointment. **There will be a $50 fee for any appointment broken without 24 hour prior notice**. You will receive a reminder call and/or email at least two days before your appointment. If you are unable to keep the appointment, please call as soon as possible.

Patient/Parent/Guardian Responsibility of Fees

- I understand that whoever accompanies my child to the dental appointment has authorization to consent to dental care as needed, and is responsible for payment of dental services.
- I acknowledge my responsibility for payment of all dental services provided by Dr. Waxman & Dr. Honig in accordance with their fees and terms.
- I understand that the account becomes delinquent if not paid within 90 days after billing and that, after that time, the unpaid balance will be subject to being assigned to a collection agency.

Assignment & Release

I authorize payment to be made directly to the dentist by my insurance company and I accept financial responsibility for all services not covered by my insurance. I authorize release of any dental care information requested by my insurance company.

My signature below acknowledges that I have read and understand this information:

PatientName:_____

Patient/Parent/Guardian Signature:_____Relationship to patient:_____

Printed Name:_____ Date:_____