

Al Pelphrey, DMD, FAAPD  
Pediatric Dentistry

FINANCIAL OPTIONS

Our office provides a variety of methods for you to meet your financial obligations for dental treatment on your child. Please read the options below and choose the method(s) you prefer. **Unless other financial arrangements are made in advance all fees are to be paid at the time of service.**

**INSURANCE**

If you have private insurance we will file your insurance for you at no extra charge. **We must have a current insurance card and benefits information.** We are unable to file insurance without this information. Due to time constraints, we are not able to phone insurance companies to obtain benefit information for you. All co-payments, deductibles, and uncovered expenses are to be paid at the time of service. All balances after insurance payment are due within 30 days of insurance payment. If you cannot furnish the necessary insurance information to us, you are required to pay in full at the time of service and a claim form will be provided to you at no charge to allow you to file for direct reimbursement to you from your insurance company. For your convenience, a treatment estimate will be provided to you on your visits estimating your financial obligation to us.

**CASH**

If you do not have private dental insurance and will be paying by cash, check or charge/debit card; payment is expected at the time of service. We will provide you with an estimate of your financial obligations prior to any treatment being performed.

**OUTSIDE FINANCING**

Our office does not provide in-office financing. However, we have made arrangements with local financial institutions to help you obtain financing of large dental treatments. If you are interested in financing your child's dental care, please let us know and we can provide that information to you.

**KENTUCKY MEDICAL ASSISTANCE (KMAP) and KCHIP**

KMAP and KCHIP provide limited dental services for your child. Any dental services not covered by KMAP/KCHIP are your financial obligation and must be paid at the time of service. You will be notified in advance of any treatment not covered by your KMAP/KCHIP. Also, please remember that **you MUST provide your current KMAP/KCHIP card on each appointment.**

**METHODS OF PAYMENT**

Our office accepts the following methods of payment for your child's dental treatment: cash, personal check, MasterCard, Visa and Discover. Please keep in mind that in order for us to keep fees as low as possible, payment is expected at the time of service. There is a \$35 returned check fee assessed for any checks returned for non-payment.

I, \_\_\_\_\_, choose the following methods of payment for my child's dental treatment. (Please circle your preference)

I. I have no dental insurance and I elect to pay by \_\_\_\_\_ cash/check \_\_\_\_\_ Master Card, \_\_\_\_\_ Visa, \_\_\_\_\_ Discover; on all visits as treatment progresses.

II. I prefer to obtain a bank loan for the entire amount and make monthly payments to the lending institution over a period of time.

III. I have dental insurance and will be paying co-payments, deductibles and uncovered expenses by \_\_\_\_\_ cash/check, \_\_\_\_\_ MasterCard, \_\_\_\_\_ Visa, \_\_\_\_\_ Discover on all visits as treatment progresses.

IV. I have KMAP or KCHIP and will be paying for uncovered expenses by \_\_\_\_\_ cash/check, \_\_\_\_\_ MasterCard, \_\_\_\_\_ Visa, \_\_\_\_\_ Discover

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Responsible Party X \_\_\_\_\_