FINANCIAL POLICY

Thank you for choosing Lawton Kids Dentistry and Braces. We are committed to providing a positive experience for you and your child. Accordingly, we feel that communication is important and would like to make you aware of our financial policy prior to seeing the doctor.

Regardless of payment method or insurance coverage, your estimated portion of the payment is due at the time of service from the guardian bringing the patient to the appointment. As a courtesy for patients with dental insurance, we will file your dental insurance claim on your behalf. Patients must provide accurate and complete insurance information to allow us to file the claim. We are not in network providers with all insurance policies. Due to numerous variations in policies, it is your responsibility to understand the coverages, benefits and limitations of your dental policy and provider network.

Any amount not covered by your insurance company is due when services are rendered or when discovered. These fees may include deductibles, co-payments or portions of certain procedures not covered by your insurance policy. We will provide you with a good faith treatment estimate when possible, but these estimates are not guarantees. Balances remaining after insurance payment are your responsibility.

For patients with Sooner Care or private dental insurance, it is your responsibility to ensure that the policy is active on the date of service. If your policy is not active on the date services are rendered you will be responsible for the non-contracted fees for treatment provided.

For your convenience, we accept cash and most credit cards. We do accept personal checks for cleanings and exams. Personal checks for amounts over $499 must clear the bank prior to an appointment. Care Credit Financing is available**.** Returned personal checks will incur a $30 fee.

We cannot accept responsibility for negotiating a disputed claim. We allow 30 days for your insurance company to make payment. If your insurance does not pay within 30 days from the date of service, you may be responsible for the amount due. A late charge of 1.5% per month (18% APR) may be added to unpaid balances over 30 days past due.

After unsuccessful attempts to settle outstanding accounts, guardians not fulfilling their financial obligation will be sent to a third party collection agency for the amount due. All costs, fees and expenses incurred by Lawton Kids Dentistry and Braces will be the responsibility of the guardian.

If you have any questions, please let us know. We appreciate your understanding and look forward to beginning a wonderful relationship with you and your child!

You understand our financial policy and give Lawton Kids Dentistry and Braces permission to provide your child’s dental exam and treatment. You understand that you will be responsible for the cost of this dental care.