



# Charles W. Roberts, DDS

## Pediatric Dentistry

142 Professional Park Dr. • Suite 200 • Mooresville, NC 28117  
Telephone: (704) 664.5437 • FAX: (704) 663.7912

### FINANCIAL POLICY

Thank you for choosing our office for your child's dental treatment. We are committed to their successful treatment! Please understand that *payment of your bill is considered a part of your child's treatment*. The following is a statement of our financial policy, which we require you read and sign prior to any treatment for your child.

- Please be aware that the parent bringing the child to Dr. Roberts's office is *legally responsible for payment of all charges*. We cannot send statements to other persons.
- **Payment is expected in full for each appointment as services are rendered.** For the convenience of our patients, we accept cash, personal checks (which CANNOT be post-dated), MasterCard or VISA. We also contract with a dental lending company to help assist with payment.
- **Dental Insurance** - there is NO direct relationship between our office and your insurance company. The type of plan chosen by you, and/or your employer determines your insurance benefits. As such, we have no say in the selection of your insurance company, no control over the terms of your contract, the methods of reimbursement or the determination of your insurance benefits. Therefore, *we do not accept assignment of benefits from any insurance company*. Any reimbursement by your insurance company should be made directly to you according to the terms of your contract with them. Dr. Robert's office will file your insurance claim for you however, the reimbursement will be sent to you.
- **Emergency Treatment** - all emergency treatment must be paid in full at the time the service is rendered.

We recognize that under unusual circumstances an account balance may be incurred. Dr. Roberts office requires that all outstanding balances *be paid in full within thirty (30) days* unless other arrangements have been made. Also note, if we have not received payment or you have not contacted us within thirty (30) days, further action may be taken with a collection agency or with Small Claims Court. We reserve the right to apply an interest rate of eighteen (18%) from the date of service and/or appropriate collection administrative fees. Thank you in advance for your understanding of our financial policy!

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date