

**Smile Stars Pediatric Dentistry
Steve Ripple, DDS**

10522 S. Glenstone Place
Baton Rouge, La 70810
225-769-5377

Dear Parent or Guardian:

Thank you for choosing us as your dental healthcare provider. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment.

All parents/guardians must complete our Information and Insurance form before seeing the doctor.

Regarding Insurance

As a courtesy, our office will be happy to file any new and existing patient insurance claims. We may accept assignment of insurance benefits. However, we do require all co-pays and deductibles to be paid at time of service. The balance is your responsibility whether your insurance company pays or not. We will be happy to bill your insurance with correct insurance information and an original claim form. **If your insurance has not paid your account within 45 days, the balance will become your full responsibility.** Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your insurance.

Usual and Customary Rates

We charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. I have read, understand, and agree to this Policy.

Patient Name _____

Patient Date of Birth _____

Parent Signature _____

Date _____