

PEDIATRIC DENTAL ASSOCIATES OF CLINTON P.A.

Mary Jo McGuire DMD N.J. SPECIALTY
PERMIT #4045

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BEAVER BROOK COMPLEX
1465 STATE HIGHWAY 31
ANNANDALE, NJ 08801



Policy Regarding Payment and Dental Insurance

At the time of your appointment, you MUST provide us with the following items for insurance to be submitted electronically:

- Dental (not medical) insurance card;
- Name, address, and phone number of insurance company, group number, subscribers ID, social security number, and date of birth.

If all of the following items are not provided at the time services are rendered, we will expect payment in full. We accept cash, personal checks, Visa and MasterCard.

If we have received all of your insurance information on the day of the appointment, we will file your claim for you. You must be familiar with your insurance benefits, as we will collect from you the estimated amount insurance is not expected to pay. By law your insurance company is required to pay each claim within 30 days of receipt. We file all insurance electronically so your insurance company will receive each claim within days of the treatment. You are responsible for any balance on your account after 30 days, whether insurance has paid or not. If you have not paid your balance within 60 days a finance charge of 1.5% will be added to your account each month until paid.

We are in network **ONLY** with Delta Dental Premier. However, this does not mean that because your insurance is Delta Premier, that they will fully cover services rendered. Coverage depends on the individual policy that you have with Delta Premier. You will be responsible for any balance.

PLEASE UNDERSTAND that we file dental insurance as a courtesy to our patients. We do not have a contract with your insurance company, only you do. We are not responsible for how your insurance company handles its claims or for what benefits they pay on a claim. We can only assist you in estimating your portion of the cost of treatment, we at no time guarantee what your insurance will or will not do with each claim. We also can not be responsible for any errors in filing your insurance, once again we file claims as a courtesy to you.

IMPORTANT: Please note: You are responsible to provide any updates to your insurance policy at time of service. Also, please provide us with any changes to your personal contact information such as phone, address, etc.

For DETAILED information, please visit our website @ clintonkidsdentist.com.

**I UNDERSTAND THAT I AM RESPONSIBLE FOR FULL PAYMENT OF MY CHILD'S
DENTAL SERVICES, INCLUDING CHARGES NOT COVERED BY MY INSURANCE COMPANY**

PARENT/GUARDIAN SIGNATURE

DATE