*Diplomate, American Board of Pediatric Dentistry

Pediatric Dentistry
Carlos A. Bertot, D.M.D.*
Kelly C. Mansour, D.M.D.*
Alma L. Correia, D.D.S.

Pediatric Dentistry of Central Florida
BERTOT • MANSOUR

Orthodontics
John R. Smith, D.D.S., M.S.D.

Office Financial Policy and Options

In our continued commitment to provide the highest quality of dental health care available to all of our patients and to have those services be comfortably affordable we have made certain changes in our financial policy that will create the maximum flexibility for our patient's individual needs. We do not want financial considerations to be an obstacle to your child's care. Please select by **initialing** the most appropriate financial option:

_____ Payment in Full as Services are Rendered
(Cash, Check, AMEX, MC, Visa or Discover)

_____ Payment in Full as Services are Rendered and we will file your dental insurance for your reimbursement.

_____ Finance Option (Care Credit)
Care Credit Acct #_____
** This option is only available when treatment costs exceed $500*
*** If you do not yet have a care credit account, we will provide you with assistance and the necessary information to apply*

_____ Insurance Benefits
Regardless of our office's insurance network status, we will as a courtesy, process your insurance benefits in our office, relieving you of this time consuming and complicated burden. *By selecting this option, you agree to assign benefits to our office and further agree to provide a credit card to be kept on file with our office.* ***The Parent/Guardian is responsible for payment in full regardless of insurance benefits. Insurance benefits vary among dental insurance companies and any unpaid claim or balance thereof is the responsibility of the parent/guardian.*** *Permission is granted to charge your card for any unpaid balance still due thirty (30) days after treatment is rendered and your dental insurance company has processed the claim.*

Type of Card: HSA/FSA ____ Debit Card ____ Credit Card ____

**For your security, your card information is electronically stored with the merchant processing company and is encrypted. Our office will assign a unique identification number to your payment option as your specific card information beyond the last four digits will not be accessible to anyone.

We are hopeful that one of these payment options will assist you in meeting your child's dental health needs.

PATIENT NAME:_____

Signature: _____ Date:_____

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