

Office Financial Policy
Children's Dental Center
Daniel Seetin DDS PPLC
Pediatric Dentistry

In our continued commitment to provide the highest quality of dental care available to all of our patients and to have those services comfortably affordable, we are pleased to offer you these options for payment. **Please review the following:**

PERSONAL CREDIT CARDS VISA, MasterCard, Care Credit	Cash or Personal Checks

There is a two business days required prior to making any schedule changes.

We are committed to support you in understanding your child's dental health, so that you will always be able to make the best choices.

We will, as a courtesy, process your insurance benefits in our office, which will relieve you of this time consuming and sometimes-complicated task.

We are here to assist you in any way possible. Please make your questions and concerns known to our team . . . We want you and your child to have an outstanding experience here at Children's Dental Center.

I agree that I am fully responsible for the total payment of all procedures performed in this office – this includes any treatment that is not a benefit of any dental insurance that I may have. I understand that all unpaid services are due to be paid in full within sixty (60) days of the date of service, regardless of whether or not my insurance benefits have been received.

Signature (responsible party)

Date

"Empowering families with the magic of smiles"