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## PATIENT FINANCIAL POLICY

Thank you for entrusting Dr. Stacey at Walla Walla Pediatric Dentistry to care for your child. Our office is committed to providing the best possible customized pediatric dental specialty care available.

***The accompanying parent/guardian is responsible for the cost of services, payable in full, the same day of service unless insured.*** Our office files insurance claims as a courtesy to you. If you have not received payment notifications within 30 days from the insurance company, we recommend contacting the insurance company to ensure that the claim is being properly and promptly processed.

***Co-payment for services is required at the time that services are rendered for insured patients.*** We will gladly discuss the proposed treatment and answer any questions relating to the insurance. Please understand the following:

1. All accounts 60 days past due are subject to a service charge of 12%, with a minimum of \$1.00 charge per month.
2. You will receive a statement each month for the outstanding balance of your account, even when insurance claims are pending.

We are happy to assist with any questions about the above information or uncertainty regarding insurance coverage.

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I understand and agree that regardless of my insurance status, I am responsible for the balance on my account for all professional services rendered. I have read all of the information on this sheet and have completed the patient information form. I certify that this information is true and correct to the best of my knowledge. I will notify you of any changes in my dental insurance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date