

Kids World Pediatric Dentistry

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Financial Policies

In order to enhance communication and promote understanding regarding this office's financial policies, please read through the following information. After reading, please provide your signature at the bottom indicating that you fully understand these policies. If you have any questions or concerns regarding this form please ask a business associate at the front desk.

Insurance: We will bill your primary and secondary insurance as a courtesy to all of our patients. It must be understood that each patient is ultimately responsible for the cost of the services rendered regardless of what your insurance pays. We will do our best to estimate accurate insurance coverage and patient portion due; however, if for any reason the insurance company does not pay what is anticipated, the patient is responsible for the difference.

Patient Portion: The patient portion due for services is expected at the time of service unless previous arrangements have been made with the office manager. We accept cash, local checks, and most major credit cards.

Financing: We offer financing through Care Credit. If you are interested in applying or have any questions about Care Credit please, speak to one of our business associates at the front desk.

No Shows/Missed Appointments: We request a 24 hour notice if you need to reschedule your appointment. If appropriate notice is not given a charge of \$50.00 will be applied to your account. If the patient's appointment is longer than 1 hour, an additional \$50.00 will be applied for each hour your appointment was scheduled. Our office goes through a series of procedures in order to prepare for your scheduled time. This is to ensure our patients are receiving the best quality and respect they deserve.

Patient Name _____

Guarantor (Policy Holder) Name _____

Guarantor's Signature _____ Date _____