

Katalina Ramirez D.D.S, M.S
Specialist in Pediatric Dentistry
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Our Financial Policy

Thank you for choosing us as your dental care provider for your child. We are committed to your child's treatment being successful. Please understand that payment of your bill makes it possible for us to remain a viable dental practice. The following is a statement of our Financial Policy which we require you to read and sign prior to any dental treatment.

Payment in full is expected at the time of the treatment. When it is not possible, financial arrangements must be made prior to treatment. We accept cash, checks, American Express or Visa/MasterCard.

Dental Insurance

It is important that you provide us with accurate information so we may assist you in filing your dental claims promptly. You will be required to pay your portion the day of treatment. Even though you may have insurance claims pending, you will receive a statement each month for the outstanding balance on your account. We cannot accept responsibility for collecting insurance claims or for negotiating a disputed claim. Insurance reimbursement is a contract between you and your carrier. You are responsible for payment of your account. If your insurance does not pay within 60 days we shall expect payment in full from you within 30 days.

Usual and Customary Rates

Our practice is committed to provide the best treatment for your child and our fees are accepted as usual and customary. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients

The parent or adult accompanying a minor is responsible for full payment at the time of visit.

Cancelled/Rescheduled Appointments

A 24-hour notice for cancelled or rescheduled appointments is required. Failure to do so will result in a fee of \$25.00.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read and understand the Financial Policy. I understand and agree to this Financial Policy.

Signature of responsible party

Date