



Caring For Children & Young Adults

Peninsula Pediatric Dentistry,
Dental Office of Brian C. Quo, PC
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OUR FINANCIAL POLICY

Thank you for choosing us as your child's health care provider. We are committed to your child's treatment being successful. The following is a statement of our FINANCIAL POLICY which we require you to read and sign prior to any treatment.

- **All patients must complete our Information and Insurance form before seeing the doctor.**
- **Full payment is due at the time of service.**
- **We accept Cash, Check, and VISA/MC.**

REGARDING INSURANCE

We are contracted with Delta Dental Insurance and we will collect the estimated co-pay at the time of service. For all other insurances, payment is required in full at the time of service and as a courtesy we will process all of the insurance claim forms so you can receive your maximum benefit.

Since many plans do not cover all of the procedures required for your treatment plan, you may have a portion that will be your responsibility. This could include: deductibles, co-pays, and any other self-pay portions.

We cannot bill your insurance unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware that some, and perhaps all of the services provided may not be covered and not considered reasonable by your insurance.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

MINOR PATIENTS

The adult accompanying a minor is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to and payment has been arranged. (See above for payment methods.)

MISSED APPOINTMENTS

Unless canceled at least 24 hours in advance, our policy is to charge \$75.00 for missed appointments. Please help us serve you better by keeping scheduled appointments and showing up at the time of your scheduled appointment.

Thank you for understanding our FINANCIAL POLICY. Please let us know if you have questions or concerns.

I have read and understood the Financial Policy.

Parent/Guardian Signature

Today's Date

Parent/Guardian Name Printed