

**Dr. Charles H. Crawford, Jr., D.M.D., P.A.**  
**Pediatric and Adolescent Dentistry**

**FINANCIAL POLICY**

Our office believes that part of good health care practice is to establish and communicate a financial policy to our parents. An informed and responsible patient should never have a credit problem with our practice. We provide the highest quality dental care possible to children and teens in a safe and caring environment.

- **PAYMENT** is expected at the time of your visit. We will gladly accept cash, check, Visa, MasterCard, or Dent Charge.
- **PAYMENT** will include any unmet annual deductible, co-insurance or non-covered charges from your insurance company. If you do not carry insurance or if your coverage is currently under a pre-existing condition clause, payment in full is expected at the time of your visit.
- We do not participate with any insurance carrier. As a courtesy to you we will file insurance for patients of record. **Please remember that insurance is a contract between you and the insurance company and ultimately the parent is responsible for payment in full.**
- **RETURNED CHECKS** will incur a \$25.00 service charge. You will be asked to bring cash or money order to cover the amount of the check and the service charge.
- **ACCOUNTING PRINCIPLES** - Payments and credits are applied to the oldest charges first, except for insurance payments applied to the corresponding charges.
- **PATIENTS** whose account have been turned over to a collection agency will be responsible for the account balance and all costs associated with collection, including reasonable attorney fees.

Date \_\_\_\_\_

Signature \_\_\_\_\_