



Pediatric Dental Center of Mansfield, PC
905B South Main St., Mansfield, MA 02048

Payment Policy

As set forth by the management, all fees for private accounts (ie, no insurance) must be paid in full at the time of service. Payment can be made by credit card/debit card, check, or cash. Other payment arrangements must be authorized in advance. Any account balance of 30 days or more will be subject to a service charge on the unpaid balance. Those individuals with insurance must pay co-payments/deductibles at time of service. Any insurance payment not received in 45 days from the date of service will be the insured responsibility. We accept no responsibility in collecting overdue insurance claims or negotiating settlement on disputed claims. IT IS THE RESPONSIBILITY OF THE INSURED TO KNOW THEIR BENEFITS. Please inform us of any insurance changes that may occur during your child's treatment at this office.

In consideration of the professional services rendered to my child at Pediatric Dental Center of Mansfield, PC, I agree to accept full responsibility for the payment of such services and I agree to pay all costs incurred after insurance reimbursement, including late fees or fees charged by a collection agency. I grant permission to Pediatric Dental Center of Mansfield, PC, or their assignees, to contact me at home/work to discuss past due account matters. I have read the above conditions for payment of services rendered & understand.

Parent/Guardian signature

Date