

ADULT & CHILD
ORTHODONTISTS



PEDIATRIC
DENTISTS

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Office Payment Plan

We look forward to developing a positive professional relationship during your visits to our office. Please familiarize yourself with the information that follows. If you have any questions, please feel free to ask one of our front desk staff.

Payment is expected at the time of service and this may be made by check, cash, credit card (Master Card, Visa or Discover) and Care Credit (an outside financing company) for qualified applicants. Please be aware that the parent bringing the child to our office is legally responsible for payment of all charges. We cannot send a statement to other persons.

Our office does accept North Carolina Health Choice. If your child is signed with this plan, you will be **required** to show your ID card at each visit.

We currently have established patients that have been with our practice for many years and are signed under the Medicaid plan; we will continue to accept Medicaid as payment for these patients. These patients also are **required** to show your ID card at each visit. ~~Due to a high demand, we cannot accept any new Medicaid patients.~~

Our office recently began accepting co-payment and insurance payments for pediatric dental care provided. We assist families in filing their insurance forms electronically to maximize their insurance benefits. To qualify for this benefit, we must have your policy information and determination of coverage before treatment starts. CO-payments **must be paid in full** at the time of service to qualify for continual use of this service.

A \$10.00 late fee will be applied to your account if full payment is not received in a 30 day grace period. This late fee does not apply to charges pending with insurance.

Pre-Treatment Authorization: Some insurance companies recommend an estimate of the work to be done and the fees to be charged before determining their benefits to you. If so, we will provide you with the pre-treatment fee estimate. In this case, it will be up to you to determine if you wish to proceed with treatment before the insurance benefits are determined.

Appliances: The cost of the appliance must be paid on the day your child's impressions are taken. This is necessary because our office must pay the lab bills when appliances are ordered, not when they are completed.

Emergency Treatment: All emergency treatment must be paid in full at the time the service is rendered.

I have read and understand the above statements, and agree to the terms stated hear in.

Patient Name:

Responsible Party Signature:

Date: