

Joel B. Peterson, D.D.S.

3466 Holiday Court  
Bettendorf, Iowa 52722

Practice Limited to  
Pediatric Dentistry

**Financial Policy**

(563) 332-1321  
Fax (563) 332-3905

**All Parents Please Read and Sign the Following...**

Every effort is being taken to keep down the cost of quality dental care. Reducing billing costs will help us in our attempt to minimize necessary increases in fees. Payment for services is expected at the time service is provided. Cash and personal checks are accepted. MasterCard and Visa credit card payments are also welcome. If an extended payment plan is desired, please ask us about Care Credit.

**If You Have Dental Insurance Coverage...**

As a courtesy, we will file the claim for your child. If we accept direct payment from your insurance company, we will estimate your deductible and the portion not covered by your insurance, this is due at the time of service. Whichever parent the child lives with is responsible for all balances. I understand that I am responsible for knowledge of my insurance benefits and will tell Dr. Peterson and/or his staff of any considerations/variations of my dental insurance (ex. If my dental insurance only allows fluoride treatments once per calendar year or if my insurance allows tooth colored restorations to be covered at a lesser amalgam/silver fee).

All services rendered are charged directly to the patient and the parent is ultimately responsible for the account regardless of insurance coverage. Our office will bill your insurance company a maximum of 2 times per appointment:

#1- The day of your appointment.

#2- 30 days after your appointment if your claim has not been paid.

**AT 60 DAYS:**

**All accounts are payable by the patient/parent if insurance has not been received.**

*Further insurance appeal becomes the patient/parents responsibility.*

**AT 90 DAYS:**

A monthly rebilling fee of \$5.00 will be added to accounts.

Signature \_\_\_\_\_ Date \_\_\_\_\_

