

**FINANCIAL INFORMTION AND ARRANGEMENTS**

- All dental work completed will be billed to your dental insurance. All fees incurred from the surgery center (for the operating room time and the anesthesia) will be billed to your medical insurance.
- Any additional bills due for the operating room time and anesthesia will be owed to the surgery center. Unfortunately, we cannot assist you with these bills. \*\*\* We recommend that you contact Diane Babin at the surgery center three weeks prior to your appointment (856-722-7000, Extension 137, or by email [diane.babin@scasurgery.com](mailto:diane.babin@scasurgery.com)) . We also recommend confirming the amount owed with Diane one week before your surgery date.\*\*\*
- For your convenience, we will submit a preauthorization for your child’s dental work. Please note that this will only cover the work we treatment plan on the day of your initial appointment at our office. Any additional work will not be on the preauthorization.
- Payment for the amount indicated in the preauthorization or treatment plan is due one week before the surgery.
- Payment for any additional work completed is due within one month of the surgery.

**Patients with Dental Insurance:**

- I authorize Kids First Pediatric Dentistry to charge my credit card (listed below) for the amount on the preauthorization one week before my child’s procedure.

\_\_\_\_\_  
Signature

- I authorize Kids First Pediatric Dentistry to charge my credit card (listed below) for the remaining balance on my account after Kids First Pediatric Dentistry receives the Explanation of Benefits from my insurance carrier(s)

\_\_\_\_\_  
Signature

Name on Card \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, Zip Code \_\_\_\_\_  
Credit Card number \_\_\_\_\_  
Card type & Exp. date \_\_\_\_\_