



**Southfield Kids Dentist, PLLC**

17550 W. 11 Mile Rd. SUITE B

Lathrup Village, MI 48076

Office: (248) 565 - 3332

Fax: (248) 552 - 0992

### **THIRD PARTY FINANCIAL AGREEMENT**

The charges for all dental treatment rendered by Doctors and/or Staff at Southfield Kids Dentist, PLLC are the responsibility of the parent/legal guardian of the patient.

As a courtesy to our parents, we will complete and file insurance forms relative to services rendered. We are obliging the parents of our patients by agreeing to wait up to ninety (90) days to receive payment from the insurance companies involved.

When determining your co-payments, we can only ESTIMATE the amount your insurance company will pay. If there is any balance remaining upon receipt of payment from the perspective insurance, it will become the responsibility of the parent/legal guardian.

I understand the above stated policy and agree to pay for any services provided to my child that are not covered by the insurance company(ies) involved.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_