

# LINDA A. STEELE, DDS

## Office Financial Policy

We thank you for choosing Dr. Linda Steele and her staff in caring for your child's dental health. We promise to provide you and your child with caring and personalized service in a friendly and professional environment.

Our office accepts the responsibility to complete your child's dental treatment with the highest quality possible. We ask that you ultimately be responsible for complete payment of the dental fees according to our policies.

Dr. Linda Steele participates in a limited number of dental programs. We also accept most dental insurances and will gladly assist you in maximizing your benefits. We ask that treatment balances under \$300 and routine check up visits be paid at the time of service. Our office will file your claim electronically on the day of service for direct reimbursement to you from your insurance company. We ask that you, the policy holder, be acquainted with your insurance coverage and benefits.

We appreciate the opportunity to participate in your child's dental care and hope this explanation of our financial policy will eliminate any misunderstanding associated with insurance benefits.

*I, the undersigned, accept the terms of this financial policy. I authorize the release of information acquired in my child's examination or treatment to my dental insurance carrier.*

---

Signature

---

Date

