

OFFICE POLICY

Thank you for choosing us as your healthcare provider. We are committed to providing your child with our best professional care. Your clear understanding of our Office Policy is important to our relationship. The following is a statement of our Financial Policy, which we require that you read and sign prior to any treatment:

- All patients are required to bring in their dental insurance card to every visit in order to be seen for treatment that day.
- All patients must have all necessary paperwork completed before seeing the doctor.
- Payment is due in full at the time of service, based on an estimate only.
- A parent or legal guardian must accompany patient, for first visits and in office sedations. Any other appointment(s) an adult with a note of consent signed by parent/legal guardian, insurance information, and estimated out of pocket for that day's services may accompany patient.
- We accept Cash, Check, Money Orders, Visa and Master Card.
- We offer outside financing through Care Credit.

*Insurance

- Once we are given the correct insurance information and the policy holder's personal information, including name, birth date, and social security number, as a courtesy we will file dental insurance claims for you at no charge. If such personal information is not given we will not be able to file any claims. The account will be set for self payment and payment will be collected at the time of service. However, we must ask you to be responsible for tracking claims for timely payment. We will also expect you to know your maximums, exclusions and policy limitations, prior to treatment. We cannot accept the responsibility of knowing all details about your personal policy. Any amount not paid by your insurance is your responsibility regardless of any estimation of benefits made by our office.
- Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance has not paid a claim within 60 days, the balance of the claim will automatically transfer to you.
- Please be aware that some, and perhaps all, of the services provided may be a "non-covered" benefit and/or not considered reasonable and customary under the Medicaid Program and/or any other dental insurances.

*Accounts

- Our office does not get involved with third party billing. The legal guardian that brings the child in for a visit is responsible for the payment in full that day.
- Returned checks are subject to a \$40.00 service fee and then will become a cash only account after that point.
- Past due balances may be subjected to additional collection fees.
- Should you allow your account to become delinquent and placed with a collection agency, you will be responsible for all collection fees and expenses.
- If your account is either turned over to Collections or a Bankruptcy Chapter is filed for the account balance, we will inactivate your account with our office and will no longer continue to see any family members. All Accounts must be current to enable scheduling without delays.

*Missed Appointments

A 48-hour notice is appreciated for any changes in appointments with us. A **24-hour notice is required** if you need to change your appointment date and/or time to avoid a **\$45.00 charge per hygiene appointment and 75.00 for treatment appointment** that is scheduled. You may call and leave a message at our office 24 hours a day. ***Once there is a record of 3 missed appointments on your account, the entire account will be made inactive and services will no longer be rendered here for all patients on your account.**

****Please help us serve you better by keeping scheduled appointments****

Thank you for understanding our Office Policy. Please let us know if you have any questions or concerns. "I understand and agree that regardless of my insurance status or coverage, I am ultimately responsible for the balance on my account."

Patient Name: _____

Signature of Parent/Guardian: _____

Date: _____