OFFICE POLICIES

Patient's Name: ________________________________ Patient's Date of Birth: _______________

Patient's Name: ________________________________ Patient's Date of Birth: _______________

Patient's Name: ________________________________ Patient's Date of Birth: _______________

Timely Arrivals: We strive to make every dental visit as comfortable and fun as possible. The entire time scheduled for your child is used in order to focus exclusively on making his/her visit as productive as possible. The doctor will make every possible effort to see your child at the scheduled time, and requests the same courtesy from his patients. If you are more than 10 minutes late for your appointment, we reserve the right to reschedule the appointment.

Parent Policy: Parents are welcome to come back during examinations and cleanings. For all other purposes, we ask that you allow our staff to guide your child through the visit. When a parent is near, the child concentrates their attention on the parent, not us. That makes it difficult for use to communicate effectively with the child. Please give us the opportunity to attempt treatment that our experience has shown provides the best results. Parents should remain in the waiting room during all surgical procedures.

Payment Policy: In an effort to keep costs down, all co-pays are due when services are provided. For your payment convenience, we accept Visa, MasterCard, Discover, and Debit. We require accounts be brought up to date within 30 days, failure to do so will result in cancellation of future elective appointments.

Dental Insurance: As a courtesy to our patients who have dental insurance coverage, we will be happy to file the claim electronically. **An estimate of your uncovered portion is due at time of service.**

Although we endeavor to be knowledgeable about the various insurance plans, it is your responsibility to know your policy benefits, limitations and exclusions.

We do not treat based on insurance. We treat based on the American Academy of Pediatric Dentistry guidelines and what is best for your child's overall health.

In the event the insurance claim is not processed within 30 days, we will follow up with your carrier. However, further delays caused by the insurance company will require you to make full payment to our office. You will need to contact the insurance company directly for reimbursement.

Your signature below indicates that the assignment of insurance benefits will be sent directly to our office. If the insurance company issues the payment directly to you, you will be responsible to make payment in full at the day of service.

Return Check Fee: Returned checks are subject to a bank fee.

Collection Action / Fee: All accounts with balances older than 90 days are subject to collection action and a fee may apply.

Broken Appointment Fee: Much time and preparation are invested in each appointment reserved. Last minute/same day cancellations and no shows waste valuable time that could have been devoted to a patient in need, especially for those having pain and discomfort. Therefore, **we require 24 hours notice for cancellation/rescheduling. Failure to do so will result in a $35 Broken Appointment Fee for each appointment per child.**

We reserve the right to discharge families after multiple missed appointments.

Payment Options:

1. Credit Card
2. ACH
3. Check
4. Cash

Your signature below indicates that you have carefully read the preceding information and agree with the policies stated therein.

Parent/ Guardian Name: ____

Signature of Parent/Legal Guardian: ______________________ Relationship: ____________________

Date: ______________________