



OFFICE POLICIES

We make every attempt to schedule your child's appointment at a convenient time for you as well as our office's schedule. Unfortunately, we cannot accommodate before and/or after school appointments for *all* of our patients. **Please keep in mind that dental appointments are an excused absence. Please ask for a school note at your appointment if your school requires one.** Missing school can be kept to a minimum when routine dental care is continued.

Appointment times are reserved exclusively for each patient. If you are unable to keep your appointment, we require you to notify our office **24 hours in advance of your scheduled appointment.** We understand that things can happen, but we ask for your assistance in this regard. We reserve the right to charge a fee for any cancelled appointments without a 24-hour notice. Multiple cancellations without a 24-hour notice will be recorded as a no call no show.

No-call No-show Policy: If you are unable to make it to your scheduled appointment, whatever the reason, and you *do not* call ahead of time to cancel your appointment, it is considered a no-call no-show. The first missed appointment without notifying our office will result in a letter asking for a notice in the future and a copy of our office policies. **A second no-call no-show could result in your child being dismissed from the practice.**

In order to accommodate everyone's schedule, if you are more than 15 minutes late to your scheduled appointment, your appointment may have to be rescheduled.

Please understand that we file dental insurance claims as a courtesy to our patients. We do not have a contract with your insurance, only you do. We are not responsible for how your insurance company handles its claims or for what benefits they pay on a claim. We can only assist you in **estimating** your portion of the cost of treatment based on the information you have provided us. We at no time guarantee what your insurance will or will not do with each claim. If you have any questions about what your insurance has paid, an exact amount regarding any treatment, or any other insurance-related questions, we advise you to call your insurance company. Ultimately, it is your insurance, so they would know best in those situations.

Co-payments are due at the time of service. Your specific co-payment will result from the insurance information that you have provided our office. Again, this is only an **estimation**. Once we have received payment from your insurance company, if there is a balance on the account we will send a statement to the address on file.

Our office accepts: Cash, Check, Visa, Mastercard, Discover and Care Credit. **Any returned checks will incur a \$35 service charge.** We cannot accept responsibility for negotiating a disputed claim; we allow a maximum of 45 days for your insurance company to clear account balances. If your insurance company does not pay within 45 days of the treatment rendered, the balance will become your responsibility. In the event you successfully dispute your claim and your insurance pays the account balance, we will at that time refund you any credit on the account.

Any remaining balance will be billed to you after a claim is paid. Any balance will be due upon receipt of your statement. If an account becomes past due for more than 90 days, your account will be turned over to a 3rd party collection agency to obtain judgment. In this event, all collection costs, attorney fees, filing fees, interest, and court costs will be added to the total amount due.

I have read and accept the above Office Policies. I understand, acknowledge and agree that I am fully responsible for the total payment of all procedures performed including treatment that may not be a benefit of any dental insurance I may have.

Parent/Guardian Signature: _____ Date: _____