

## Office Policies

### Insurance/Billing

As a courtesy, we accept assignment of benefits for primary and secondary insurance. It is your responsibility to provide our office with complete and accurate insurance or billing information at the time of service. Our office cannot guarantee the amount that an insurance company will pay. Your insurance is a contract between you and the insurance company and we are not a party to this contract. Disputes with insurance companies are the responsibility of the insured. We have no control over the terms of your contract, the method of reimbursement, or the determination of benefits. You agree to be responsible for payment of all services rendered to your child. We will file a pre-determination for recommended treatment, however any pre-determination is only an estimate of insurance coverage. Our office will file your insurance a maximum of two times per appointment. We request that you pay your estimated portion when services are rendered. Any amount not covered by insurance or any difference in the estimated portion is the parent or guardian's responsibility. For your convenience we accept MasterCard, Visa, Discover, check, cash and Care Credit. There will be a monthly maintenance fee of \$5.00 on account balances over 60 days old. There will be a \$30.00 fee for checks returned by the bank.

### Responsible Party

Please be aware that the parent or guardian who signs this consent form is legally responsible for payment regardless of whether or not they are the insurance holder. In the event of separation or divorce, the parent or guardian who signs this form is legally responsible for payment. *We cannot send statements to other parties.* Reimbursement must be made between divorced parents. We will not intervene.

### Scheduling and Missed Appointments

Patients are seen by appointment only. Arriving on time makes it possible for your child to be seen as scheduled. Patients who are running late are asked to call the office as soon as possible to and see if they will still be able to be seen. We prefer to see preschool age children during the morning hours whenever possible. For school-aged children, we have a limited number of after school appointments available. It may be necessary for your child to miss a portion of their school day. Dental appointments are an excused absence from school. A signed excuse for your child's appointment will be provided upon request. *Kindly notify us in advance if you are unable to keep an appointment, with a minimum of 24 hours notice.* We understand that there are circumstances that may prevent you from keeping your child's appointment. Giving us notice allows us to offer the appointment to other patients awaiting care. *We reserve the right to charge a fee of \$50 for **any** missed appointment **or** under 24 hours notice.* Appointments canceled with less than 48 hours notice on a school holiday or an after school time will not be rescheduled on another school holiday or after school, as they are our most popular appointments.

### Past Due Accounts

The office cannot carry balances longer than 60 days; regardless if insurance payment is still pending. If the insurance company does not pay the practice within 60 days, we will look to the responsible party for payment. If we later receive payment from the insurer, we will refund any overpayment. If payment has not been received after 90 days, we will inform you of the delinquent account and if no action is taken to clear the account, this office will employ a collection service to collect payment. The responsible party agrees to pay any fees associated with the collection of the account.

### I have read and agree to the above Office Policies

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Signature of parent/guardian/responsible party

Date

Relationship to patient

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Name of child (children)