



## OFFICE POLICY AND CONSENT FORM

Please remember that we are here to serve you in a comfortable and professional atmosphere. Our goal is to provide you with the very best quality of dental care.

### INSURANCE AND PAYMENT POLICIES

- **FEES FOR SERVICE AT OUR OFFICE WILL BE REQUESTED AT THE TIME OF YOUR VISIT.** For treatment involving fees above \$500.00, special financial arrangements may be discussed with our financial coordinator or office administrator.
- For patients with dental insurance:
  - Your insurance is a contract between you, your employer, and the insurance company. We are not a party to your contract.
  - We will file your claim for you at no charge; however, we ask that your deductibles and your estimated portions (20%-60%) be paid at the time of treatment. Although we gladly file dental insurance claims as courtesy to you, any and all account balances are ultimately your responsibility.
  - Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
  - All insurance benefits are assigned to the Doctor, unless services are paid in full the day of treatment.

### OFFICE POLICIES

- Your appointment time is set-aside especially for you. We ask as a courtesy to the Doctor and other patients that you keep your scheduled appointments. **If you must change or miss an appointment, we require 24-hour notice. Cancellations, last minute rescheduling or failure to show will result in a broken appointment charge of \$50.00 or no reappointment. If more than one family member is scheduled and fails to make his or her appointment, each individual scheduled will be subject to the \$50.00 broken appointment fee. This policy is strictly enforced.**
- Our office will provide confirmation phone calls, texts, and/or e-mails. We ask that if we are unable to reach you, that you please contact us to confirm your appointment.
- We realize that many families are in a state of change. The policy in our office is that the parent who requests treatment for a child is responsible to us for all fees incurred.
- We will be fair in working out special finances with you, but please be fair to us with your commitments. A 1.5% finance charge will be assessed monthly on overdue balances.
- Treatment that exceeds \$500.00 will require a 10% down payment to hold the appointed time.

### OPEN BAY SETTINGS

- Your child may be seen in an open bay setting. If you would like to have a more private conversation regarding any dental needs that your child requires, you may request having the discussion in the consultation room. We also have private rooms available upon request.

### CONSENT

I have read and understand all the above information. For insured patients, my signature below authorizes assignment of insurance benefits to the Doctor and authorizes the release of dental records to my insurance company.

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SIGNATURE OF PARENT/GUARDENT/PATIENT

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DATE