

## ***OFFICE AND FINANCIAL POLICY***

Thank you for choosing us as your child's dental health care provider. We are committed to their treatment being pleasant and successful. The following are helpful guidelines to ensure your child's office visit is a positive experience.

### **IF TREATMENT IS REQUIRED:**

- Please do not prepare your child for what you think may happen. Our staff is highly trained and experienced to make your child's visit successful.
- We ask that parents do not accompany their child into the clinical treatment area. It is our goal to build your child's confidence and trust. Children can listen and follow instructions better when they are not focusing on mom or dad.
- Due to the delicate nature of some dental procedures and availability of time, it will be necessary for your child to be excused from school to make their appointments.

Payment at the time of service is expected unless prior financial arrangements have been made. Our fees remain the same for everyone regardless of insurance coverage. We have a traditional "fee for service" structure, and the parent who authorizes dental care is responsible for payment. For your convenience, we accept the following forms of payment: CASH, CHECK, VISA, MASTERCARD AND DISCOVER.

**PATIENTS WITH INSURANCE:** We will be expecting co-payments at the time of service. Please take the responsibility to be familiar with the terms of your own insurance policy and be prepared by having your checkbook or credit card with you on treatment day. We can file dental insurance claims for you and accept assignment of benefits to our office policy. You are responsible for your balance due regardless of anticipated insurance coverage.

### **OTHER DETAILS:**

- Keep us informed of any changes in your child's health history.
- Please make sure you have updated insurance information on file with us.
- If you miss 3 months of payment, you will be placed as a CASH ONLY ACCOUNT for all future dental services.
- A missed appointment fee will be charged per child for each broken appointment.

### **Our Office Philosophy**

We anticipate a long-term relationship with our patients and their families, so keeping up-to-date in communication and payment is important. It is our goal that families with or without dental insurance be able to afford quality dental care. Working together, we hope to ensure your child enjoys good oral health and a smile that lasts a lifetime.

I have read the above Office and Financial Policy and agree to the terms and conditions.

Patient \_\_\_\_\_

Responsible Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_