

## Office Policies

### **Payment:**

If we are not filing insurance, your account balance is due in full at time of service. Should your insurance policy require a co-pay or deductible that amount must be paid at the time of service. Regardless of your coverage our office relies on you to settle your account. You are responsible for all fees. For your convenience our office accepts cash, personal check, MasterCard, Discover, Visa or Carecredit.

The parent that BRINGS the child to the appointment will be the responsible party. All children under 18 must be accompanied by a parent/legal guardian at the time of their appointment.

### **Insurance:**

As a courtesy to you, our office will file most PPO insurance plans, whether we participate with your specific PPO or not. Please be aware that some companies pay a fixed allowance for certain procedures and others pay a percentage of the charges. *Should your insurance company only pay a portion of the visit the remaining balance is due at the time of service. If the claim is denied or unpaid within 60 days, we require that you pay in full.*

We strongly suggest that you contact your insurance company to verify your coverage. If you have been seen within the past year at any dental office you may want to contact your insurance company to see what benefits remain. Should there be a problem with your claim we suggest that you contact you insurance carrier directly. Our staff is experienced in claims processing, which can sometimes be complicated. We will be happy to help you in resolving any problems.

### **Broken Appointments:**

Your appointment has been reserved exclusively for you. There is not a charge for canceling or rescheduling your appointment if notice is given within one full business day. Any appointment change or cancellation that has not been given 24 hours notice is considered a broken appointment and a \$40.00 broken appointment fee will charged. If you have more than two broken appointments you will be advised to call the day you are requesting an appointment to check availability.

### **Outstanding Balances:**

Work cannot be completed until your portion is paid in full. We are unable to start future work if there is a balance on your account, unless that balance is a pending insurance claim.

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I acknowledge that payment is due at time of service. I agree that parents or guardians are responsible for fees and services rendered to minor children. The parent that BRINGS the child to the appointment will be the responsible party. I accept full financial responsibility for all charges for services or items provided to me or my minor child. I understand and agree to the policies listed above. Should all or any part of any debt owed hereunder be collected by an outside collector (agency or attorney), then the undersigned agrees to pay all fees associated with the collection of the debt.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)