

OFFICE GUIDELINES

In order to provide you with the highest level of attention and quality service that you have come to depend on, we have outlined some of our office guidelines. This will allow us to have clear communication and an understanding with our patients of our office policies. After reading, if you have any additional questions, please do not hesitate to ask.

Broken Appointment/Not Showing up

If for any reason that you need to cancel or change your appointment, please allow a 48 hour notice. When we are not given an ample amount of time, we are then unable to replace your appointment with another patient in need of our care. Any missed or canceled treatment appointments will forfeit the deposit fee that was collected when the appointment was made (i.e. Sedation fee). If the treatment did not require a deposit, a cancellation fee of \$50.00 will be charged to the account. All other appointments will be charged a \$25.00 cancellation fee. _____ *initials*

Late Patients

If you are up to 10 minutes late for your appointment, the clinical team will do the best they can to complete all scheduled treatment. If we are unable to complete everything, it can be rescheduled for another date and time. If you are more than 15 minutes late we will ask that you reschedule your appointment. Additionally, starting an appointment late causes us to become behind on the rest of the schedule for the day. We always want to give the best care to you and your family so we kindly ask that you are on time for all appointments. _____ *initials*

Scheduling Multiple Family Members

We will be happy to schedule family members in the same time frame on the same day. If you have 4 or more family members it is appreciated if the children are broken up into 2 separate days and times. Also when scheduling, please keep in mind the time of the appointment, as some children take naps and/or eat at certain times each day. In the event that you are unable to keep the appointment or do not show up, the appropriate cancellation fee will be applied to each family member (see broken appointment section for fees). Additionally, we will no longer be able to schedule multiple family members on the same day. _____ *initials*

Insurance Guidelines

Filing your insurance and estimating the accounts receivable from the insurance company is a courtesy that our staff gladly offers to you. Providing proper insurance information is a pertinent part of your appointment. If you have new insurance please provide that information prior to the appointment. Please understand that any copays that are discussed are only ESTIMATES. Pre-determinations and Explanation of Benefits can often take time to be completed and received. There is also a chance that the copay that we estimated is incorrect; as a result there could be a balance or credit on your account. In the event that this occurs, we will be happy to assist you further in person or over the phone. A copy of the explanation of benefits can be given upon request. _____ *initials*

Accounts receivable

Payment is always due at the time of service. We do our best to have the appropriate copays available to you at the time of your appointment. If treatment changes or additional treatment is necessary we do our best to inform you before it is completed. All accounts with past due balances will receive a bill within 90 days. If we do not receive payment within 3 billing statements, it will go to collections. For your convenience we accept cash, check, all major credit cards and care credit. Payments can be made in person, over the phone or through the mail. _____ *initials*

Thank you for your time in understanding our office policies. We look forward to building a lasting relationship with you and your family. Again, if you have any questions please do not hesitate to ask.

I have read and understand the guidelines above and will adhere to them.

Patient Name(s): _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____