

OFFICE POLICIES

Thank you for choosing our team for your dental care! We are looking forward to helping you maintain healthy teeth and gums, and appreciate the trust you have placed in us. Our office policies are designed to keep you informed. All our patients must complete and sign our new patient information form prior to any treatment. We ask that you sign this form after you have read it in its entirety.

Payment Arrangements

We accept cash, checks and credit cards. Full payment is due at the time of service unless a payment arrangement has been made. All payment arrangements must be made with the office manager prior to treatment. Please feel free to ask for prices before the work is performed. Estimates for treatment plans are available. There is a returned check fee of \$25.00

Insurance Plans

We are providers for many insurance plans including Delta Dental, Cigna PPO, Aetna PPO, MetLife and Medicaid. We emphasize that, as a dental care provider, our relationship is with you, not your insurance company. Your insurance policy is a contract between you and the insurance company. In the event we accept assignment of benefits, we require that you pay the deductible and the estimated portion of your bill at the time of service. When we send a claim to your insurance company, we estimate the amount they will pay. This is just an estimate, not a guarantee of payment. If your insurance company pays less than the estimate, or if they deny payment on a service, the balance becomes your responsibility. If you would like our office to send a pre-authorization for any dental work, please let us know and we will be happy to comply.

Minor Patients

An adult parent or legal guardian must accompany minor patients. Please do not leave your children unattended. OSHA standards do not permit unattended children in the clinical area, please make arrangements to have an older sibling or adult stay with them during your dental appointment.

Missed Appointments

As part of our commitment to you, we respect your time in our office. We set aside time specifically for you, and give you the needed attention from our staff. Since this time is reserved for you, we ask that you arrive on time. If you cannot keep your scheduled appointment, we require that you give us the courtesy of 48 hours' notice. There will be a charge of \$25.00 for a missed or broken appointment without at least a 24 hours' notice.

Release of Records

We will be happy to release duplicates of your dental records. However, we ask that you give us 48 hours' notice to prepare the records. There is a \$25.00 charge for duplicating records. You will also be asked to sign a release form.

Videos and Pictures

To respect other patients and the Kids and Family Dentistry Staff's privacy, we ask that you refrain from any use of cell phones, video devices and cameras once you are in the back office.

Thank you for reading and signing our office policies. Please let us know if you have any questions or concerns.

I have read the office policies; I understand and agree to them

Patient Name

Patient/Legal Guardian Signature

Date