



Office Policies

Welcome to our practice. We'd like to take this opportunity to ask you to please review our policies briefly explained below. If you have any questions, please do not hesitate to ask us to clarify.

Scheduling Appointments

In general, our office will schedule appointments for your convenience. However, we generally prefer to see preschool children in the morning when they are freshest. This allows us to work more slowly with our patients and to focus more on providing for our patients' comfort.

For similar reasons, young children in school should also be seen in the morning. Dental appointments are excused absences. By taking your child to visit the dentist on a regular basis, you will help your child avoid major problems that will keep your child away on a more prolonged basis.

We understand that you value your time and will strive to keep all appointments on time and on-schedule. In return, we ask that if you anticipate not being able to keep any of your appointments, please give us at least a 24-hour notice. With sufficient time, we may be able to schedule other patients for appointments that they may desperately need.

Staying With Your Child

It is our policy to allow all parents to stay with their children during procedures. In fact we generally encourage parents to do so. Having parents with us in the back allow us to better explain the procedures and answer parents' questions as they come up. However, if parents are not comfortable in the back office, we understand and would ask these parents to come to the back only when necessary.



Financial and Cancellation Policies

1. All professional fees are due at the time of service.
2. For patients with insurance:
 - a. Co-payments and deductibles are due at the time of service.
 - b. Any un-anticipated amounts not paid by your insurance company are your responsibility.
 - c. After 30 days, all outstanding balances, including outstanding insurance claims, are due and payable by you.
 - d. As a courtesy to you, we will handle the insurance billing; however, please understand that you must cooperate with us in the process and that this is not our obligation. If your insurance company requests you to submit any information, you must respond in a timely manner.
 - e. We recommend that you keep track of your benefits (such as maximums or eligibility requirements).
 - f. It is ultimately your responsibility to make sure your insurance pay what they are supposed to. We are always here to assist you as needed.
 - g. Failure of your insurance to pay for any procedures does not indicate that treatments were not important or that we should waive our fees.
3. We reserve the right to charge a cancellation fee for failure to give 24 hours notice to change or cancel appointments.
4. Parents or guardians must accompany the child at time of treatment or submit written treatment and financial consent at each and every visit.
5. There is a \$20.00 fee for all returned checks.
6. It is our policy to inform all patients of the fees for all treatments planned. However if for any reasons we fail to do so, it is your responsibility to inquire before the treatments start.

Signature: _____

Date: _____