



## Art of Pediatric Dentistry Office Policies

*In our continued commitment to provide the highest quality dental care available to all of our patients, please review and sign our office policies form.*

### Appointment Policies

Our office requires that **all children under age 13 need to be accompanied by an adult** at all times in case of an emergency. If an adult other than the parent/guardian will accompany them to the appointment, please sign a permission form.

A scheduled appointment is a commitment of time between you and our practice. We value your time and strive to be on time for all of our patients. We ask that patients respect our time as well. In order for us to maintain our daily schedule, **if you are late we reserve the right to reschedule the appointment.**

### Cancellation or Missed Appointment Policies

We ask that you make every effort to keep your appointment. We understand personal emergencies sometimes occur, and we always take that into consideration when receiving last minute cancellations.

If you are unable to keep your appointment, we ask that you give our office a minimum of 24 hours notice. If no notice or less than 24 hours notice is given a **\$50** fee will be assessed.

After three cancelled or missed appointments without 24 hour notice we will discuss if your dental needs might be better served by another provider.

### Financial Information

Upon your first visit, we will request a copy of your dental insurance information to allow us to file your claim for this and future visits. Please remember to bring all dental insurance information, as well as insurance card(s) to every dental visit. We also ask that you contact us immediately after making changes to your dental coverage, so we can keep our records current to help provide expeditious reimbursement of your benefits.

**Methods of Payment:** For your convenience we accept cash, check, money orders, cashier's checks, Visa and MasterCard.

**Financing Programs:** To help provide cost-effective care to our patients; we offer financing programs for dental treatment. Please feel free to inquire about these various payment programs.

**Financial Obligation:** Parents/Guardians with accounts outstanding after 90 days from the time of service will be sent to collections, as stipulated by our accountants.

**Dental Insurance:** Please note the following in regards to your dental coverage:

- 1) As a courtesy, we will be happy to file for your insurance benefits, though we are not obligated to do so. Because your insurance plan is a contract between you, your employer and the insurance company, some carriers may not reimburse our office. In this instance, you will be responsible for the full cost of visits at the time services are provided and your insurance company will directly send you the reimbursement check.
- 2) Any amount determined not to be covered by your insurance company is payable at the time services are provided; these fees may include deductible, co-payments or certain procedures not covered by your insurance policy.
- 3) There are no perfect insurance policies. Even in the best possible scenario, dental insurances will cover only 50-75% of certain dental treatments. This percentage is based upon how much your employer has provided to its employees for this specific benefit.
- 4) Our office has no control over how an insurance policy provides coverage for treatment. Should you be unhappy with your particular coverage, please contact your employer's human resource department to inquire about possible policy changes or upgrades.

After Dr. Ong establishes a treatment plan for your child, an office administrator will then present to you your estimated patient portion, which is the anticipated amount that you will be responsible for and is based upon the latest information provided by your insurance company regarding your particular policy. **Please understand that this estimated amount is strictly an estimate; you are responsible for what the insurance company does not pay.**

An exact amount may not be obtained until after the claim has been processed. A predetermination may be considered to get a more accurate break down of what the insurance will pay, but please understand that this may delay the start of treatment.

An updated billing statement from our office will be sent to you if there is a remaining balance after the insurance company has paid its portion. We appreciate you settling such remaining balances at your earliest convenience. **After 30 days, a billing charge and a finance charge of 1.5% will be assessed to any outstanding balances.** Certainly if any overpayment has occurred, a prompt refund will be issued.

Thank you for taking the time to understand our office policies. We look forward to years of close association with you, as we work to maintain your child's oral health!

Printed Name of Parent/Guardian \_\_\_\_\_

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_