



## Appointment Policy

When appointments are scheduled, it is the parent or guardian's responsibility to keep the appointment. If at anytime you wish to change an appointment, you are required to call at least 48 business hours in advance to cancel or reschedule the appointment. If the appointment is not verified by 3:00pm the day before, the appointment will be cancelled. This allows our office to offer the time to another family.

If the patient fails to show for a scheduled appointment OR fails to cancel the appointment at least 48 business hours in advance, a thirty day suspension will be placed on rescheduling that appointment. A second broken appointment will also result in a thirty day suspension and require a \$50.00 deposit toward the appointment to reschedule. A third broken appointment receives a thirty day suspension and requires pre-payment of the appointment to reschedule; should the patient fail the last rescheduled appointment, the pre-payment will remain on the account until the end of the year—the family will remain on this status for a period of one year.

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Parent/Legal Guardian

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Date

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## Guarantor's Policy

As a courtesy we will file your insurance, please be advised that verification of your benefits is not a guarantee of payment. Your insurance company will review the claim and pay according to your coverage.

If your account becomes 90 days overdue, you are responsible for the account balance as well as the collection fees mandated by our outside collection agency which will be added to your balance.

Therefore by signing this form, you are accepting responsibility for any claims or balances not paid by your insurance company and any fees assessed due to the hiring of an outside collection agency.

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Guarantor's Signature

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Date

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## Authorized Parties

Please complete the information below listing anyone authorized to bring your child(ren) to their dental appointments. Patients brought to an appointment without an authorized adult will be rescheduled.

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Authorized Party

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Relationship to Patient

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Authorized Party

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Relationship to Patient

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Authorized Party

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Relationship to Patient

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Authorized Party

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Relationship to Patient

## Our Office Policy Regarding Dental Insurance

If we have received all of your insurance information prior to your appointment, we will be happy to file your claim for you. You must be familiar with your insurance benefits, as we will collect from you the estimated amount insurance is not expected to pay prior to services rendered. By law your insurance company is required to pay each claim within 30 days of receipt. We file all insurance electronically so your insurance company will receive each claim within days of the treatment. You are responsible for any balance on your account after 30 days, whether insurance has paid or not. We will be glad to send a refund to you once insurance has paid us. The refund will be sent in the form of a check and may take up to 90 days to be dispersed. Please understand that we file dental insurance as a courtesy to our patients. We do not have a contract with your insurance company, only you do. We are not responsible for how your insurance company handles its claims or for what benefits they pay on a claim. We can only assist you in estimating your portion of the cost of treatment, we at no time guarantee what your insurance will or will not do with each claim. We also cannot be responsible for any errors in filing your insurance, once again we file claims as a courtesy to you.

## Third Party Communications

Our office uses several resources in an effort to maintain communications with our patients. This is in place to help our schedule run as on time as possible. Please take advantage of confirmations via text and/or email to avoid a potential offset of your child's appointment; if your child is unavailable for an appointment that may be an opportunity for another child with needed attention to be seen.

If you have any questions, please do not hesitate to ask a member of our staff. You may also refer to our website for additional information.

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

\_\_\_\_\_  
Date

**NO** food or drink is permitted inside the building; please refrain from cell phone use in the waiting area.

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Initial