Office Policies for Summerville Pediatric Dentistry

Appointment Policy

Your child is unique and special to us, and appointment times are reserved exclusively for each patient. Out of respect to you and your busy schedule, we reserve this specific time slot for your child's care and make every effort to see them at that appointed time. We appreciate your promptness and ask that you not change your appointment unless absolutely necessary. If you do need to change an appointment, we ask that you give us at least 48 hours' notice so that we may make the time slot available to another patient. We realize that unexpected things can happen but ask for your assistance with this regard.

Preschool children and young children with extensive treatment needs should be seen in the morning, since they are fresher, and we may work more slowly with them to maintain a good dental experience. Dental appointments are an excused absence. Missing school can be kept to a minimum when regular dental care is maintained.

Financial Policy

A **$150 deposit** is required for all sedation appointments. This amount will be applied to your out-of-pocket expenses not covered by your insurance. These deposits must be made prior to scheduling the appointment. We require 48 hours' notice to cancel your appointment, failure to do so will result in the loss of your entire deposit. If we cannot perform the work prescribed for the sedation appointment due to your child eating or drinking before the appointment, you will forfeit your deposit. Please read the sedation consent form for specific instructions for these appointments. **Initials** _____

A missed appointment fee of **$75** will be applied to your account with less than 24 hours' notice of cancellation for any scheduled appointment. Repeated failure to keep your appointments without notice may result in our office discontinuing treatment for your children. **Initials**_____

Occasionally additional behavior management techniques are needed to help your child have a successful appointment, when children cannot tolerate a typical dental setting. Should it become necessary to use these techniques there may be a fee of **$75** applied to your account, to help cover professional services and the additional time required to treat your child. **Initials**_____

Our team pledges to make every attempt to provide care for your child in a positive, fun, and gentle manner. However, we cannot ultimately control or make any guarantees of any patient's response to dental care. If your child becomes combative or "acts out" during their appointment in a manner which makes treatment impossible or unsafe to our team, we reserve the right to discontinue or reschedule your child's appointment. In this event, there will be a Dental Office Visit Fee of **$107.99.** This fee is necessary to cover expenses incurred and professional services made available by our office for your child's appointment. **Initials**_____

In the event that your account is sent to collections for non-payment you will be responsible for that amount plus any fees that the collection agency charges our office to collect. **Initials**_____

All fees for dental services are expected to be paid at the time of treatment. For your convenience, we accept Care Credit, Visa, MasterCard, Cash and personal checks.

Dental Insurance

We are glad to assist you in obtaining the maximum benefit from your dental insurance plan. Once your coverage has been verified, we will accept assignment of payment from your insurance company. Please know that insurance will not guarantee payments therefore, any amount that they do not pay will be your responsibility. Most plans only cover a portion of the dental fee, which means you will be responsible for your deductible and the estimated co-payment. Your co-payment is expected to be paid at the time of treatment. **For your convenience, our office will gladly process your insurance on your behalf, understanding that the agreement you have with your insurance company is between you and them.** Therefore, you are responsible for any claims which remain outstanding after 60 days, and a finance charge may be applied to any balance due after this time. Payment will be expected on any such claims, and no further attempt will be made by our office to collect from the insurance company in this event.

The parent or guardian who brings the child to the appointment will be responsible for payment in full. All statements will be sent to this individual. We will not bill a third party other than insurance companies.

If you have any questions regarding this policy, please speak with someone from our office prior to treatment. We will not alter financial arrangements once treatment has been started.

I have read the above financial policy and understand my obligation to Summerville Pediatric Dentistry.

Please **print** child(ren's) name(s) _____

_____ _____

(Responsible party signature) (DATE)