

OFFICE POLICIES

Appointment Times

Please remember your appointment has been reserved for you. Confirmation reminder calls are a courtesy. We ask that you provide 48-hour notice to change or cancel your appointment. If the office is closed, our answering service is always available to take your message.

In our practice, we occasionally find it necessary to invest beyond standard appointment time in the management of certain sensitive patients. This may be due to medical, emotional, or behavioral issues. We are more than willing to provide this service; however there is a charge of an additional behavior management fee. This fee is related to the cost of committing the time and staff to achieve the optimum outcome for more sensitive patients.

Broken Appointments

An appointment that the patient does not show for, is more than 15 minutes late for or calls less than 48 hours prior to the appointment time to cancel will be considered "broken" and will be charged \$75.00 after the first occurrence, and may result in loss of appointment privileges.

Financial

I agree to be responsible for payment of all services rendered on my behalf or my dependents. I agree that I shall be responsible for any and all expenses incurred at this office, and I understand that payment is due at the time of service unless other arrangements have been made, regardless if I have insurance. In the event payments are not received by agreed upon dates, I understand that a 1.5% late charge (18% APR) and any expenses such as attorney fees if engaged for the purpose of collections may be added to my account. If separated or divorced, the parent bringing the children to the appointment is responsible for all deductibles and copays occurred on the date of service.

Returned Checks

All checks returned to us by your bank for Insufficient Funds will result in a charge of \$25.00 and is due immediately including the amount of your check. After the first returned check, payments will then need to be made by cash, money order or by certified check.

Insurance

Your insurance is a contract between you or your employer and the insurance company. Our relationship is with you, the patient, and not the insurance company. Therefore, you, the account guarantor, are ultimately financially responsible of all services provided, including services that are not covered by your policy.

As a courtesy, we will file your insurance and we will verify your insurance eligibility. This does not guarantee payment of your benefit but only tells us that you are eligible today. If anything changes in the future, your benefits may be reduced or denied. Please notify us of any changes to your insurance. We will estimate your benefits but if payments are ever denied or the company fails to pay its portion, you are responsible for the entire fee. Innovative Pediatric Dentistry will be unable to accept any out of network insurance policies outside of the Contiguous United States; patients that have said insurance will be expected to pay out of pocket at time of service in full for rendered services.

If you have both a primary and a secondary insurance, we will submit all necessary paperwork to the secondary insurance following payment from the primary. However, due to the extended processing time (sometimes up to 3 months) and the stricter limitation guidelines, such as non-duplication clauses, we will ask you to pay the balance following primary payment. By signing below you understand that any and all services provided will be based on my primary insurance payment only.

Signature

Date