

# FINANCIAL AND SCHEDULING POLICY

Anne R. Lee, DDS :: Pediatric Dentistry

Thank you for choosing our practice for your child/children's dental needs. We are committed to the dental health of your child/children. Please read over the following guidelines

## Scheduling Policy

- ❖ Should you need to reschedule your child's appointment, please notify us 48 hours in advance. We certainly understand that cancellations on short notice due to emergencies and last minute developments may arise and can happen to all of us. However, the lack of reasonable, advanced notice results in lost opportunities to serve others. Therefore, **a \$50 appointment fee will be charged for a failed appointment or an appointment that is cancelled with less than 24 hours advance notice.**
- ❖ Please arrive on time for your appointment so that we can give your child the quality time we have scheduled for them. Arriving 15-20 minutes late may result in the need to reschedule your appointment.

## Financial Policy

- ❖ Payment is due at the time services are rendered. For your convenience we accept cash, checks, Visa, or Mastercard. CareCredit may also be available to you.
- ❖ Your dental insurance is a contract between your employer and your insurance company, and most insurance companies pay only a portion of the fees incurred. Any deductible or estimated co-payment amount will be due on the day of treatment. As a courtesy, we will bill your insurance carrier for you.
- ❖ Prior to rendering any treatment, we will provide you with a cost estimate indicating our total fee, what we anticipate your insurance coverage to be, and your estimated out-of-pocket portion. Please remember, this is only an estimate based upon generalized information provided by your dental insurance company. An additional billing or possibly a refund may be subsequently required should information provided be inaccurate or if your insurance company pays an alternative benefit not specified to us.
- ❖ When insurance payments are delayed, or less than anticipated, we will assist you with inquiries to your insurance carriers. However, it is our experience that insurance carriers respond best when the inquiry comes from you, the patient.
- ❖ Accounts with a balance over 90 days old will incur an interest charge of 18% annually.
- ❖ All returned personal checks will be assessed a \$50 management fee.
- ❖ It is your responsibility to notify us of any changes in insurance, employment, or contact information.
- ❖ Separated or divorced parents: The parent who brings the child in to the dental appointment is responsible for paying the co-payment or full fee.

*I have read and understand the Financial and Scheduling Policy. I understand and agree to this policy. I authorize the office to release any information including the diagnosis and records of any treatment or examination rendered to my child during the period of such dental care to third party payers and any health care practitioners participating in my child's care. I authorize and request my insurance company to pay directly to the office insurance benefits otherwise payable to me. I authorize and request the office to use my signature on file for my signature on all dental insurance forms to expedite computer processing of my claims.*

X \_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Date