

## OFFICE POLICIES

*We would like to welcome you and your child to our practice. In order for us to provide you with the best service possible, we would like you to take a moment to read our office policies.*

### Financial policy

**Our relationship is with you and not your insurance company.** As a courtesy, we will perform insurance **estimates** and bill your insurance if your child has coverage. You will be responsible for any co-payments and estimated patient portions prior to services being rendered. If for any reason your insurance company denies any charges or does not cover the amount estimated, the responsibility of payment returns to you.

Secondary insurance will be filed only if the correct information is provided at the time of service.

You must provide our office with correct insurance information. If insurance coverage cannot be verified, you will be responsible for payment of all fees. We will provide you with a completed claim form for you to submit for reimbursement.

You understand that you are financially responsible for payment in full for all accounts and, if any insurance carrier does not pay the claim within 60 days, the entire claim becomes your responsibility.

Regardless of a divorce decree, payment of the entire patient portion is expected at the time the service is provided. Parents must work out financial arrangements between themselves prior to appointments. Billing statements will not be sent.

Payment for the treatment is expected on the day of service. Acceptable forms of payments include cash, credit card (VISA, Mastercard, Discover) or debit card. **NO PERSONAL CHECKS.**

If for some reason, we over collect on your patient portion, amounts under \$50 will be kept on the family account for future treatment unless otherwise requested. We will advise you of the credit on the account at your next visit. If an amount over \$50 is collected, we will contact you by phone.

A service charge of 2% per month is assessed for any balance remaining after 30 days from the date you have been notified of a balance. If not paid in a timely manner, we

reserve the right to take any and all legal action against you to recover the unpaid balance, and any costs incurred by us will be added to your account.

*Cancellations and Missed appointments*

Your child's appointment times are reserved for your child. Because of this, missed appointments or late cancellations are extremely detrimental to our day. **In the event you need to reschedule, please give us AT LEAST 2 business days' notice.** Please remember that failure to notify us 2 business days in advance will result in a **cancellation fee of \$50 per hour of appointment time.**

**TWO missed** appointments without 2 business days' notice will result in the dismissal of the entire family from our practice.

**We look forward to building a great relationship with you. Welcome aboard!**