

PAYMENT POLICY FOR OUTPATIENT DENTAL SURGERY

Please familiarize yourself with the following information regarding payment for your child's outpatient dental treatment. If you have any questions, please ask our office business staff.

- Payment in full for the dental services to be rendered is required the week (7 days) before the date of treatment. If you have dental insurance, we will accept the pre-treatment estimate that has been authorized by your dental insurance company along with your payment for the difference of the total dental services. You are responsible for the difference and this payment is due to our office as directed 7 days prior to treatment.
- If you have dental insurance and wish to expedite the outpatient treatment for your child, you may choose to NOT wait for the pre-treatment estimate from your dental insurance company. It is our experience that waiting for your company to estimate your benefits is the number one reason for delay in treating your child. In most cases, if you are able to schedule your child's Physician Evaluation and Pre-Operative Hospital Appointment, we can schedule your treatment as soon as the hospital has time, preventing delays and the spread/progression of your child's dental condition. If you choose this route, payment is due in full 7 days prior to treatment and your company will reimburse you directly according to your policy.
- Due to the significant time and effort that is required to schedule and prepare for your child's treatment, a \$200 deposit is required before a treatment time is reserved for your child. This deposit will be applied to any remaining balance after insurance has paid. If there is no remaining balance the deposit will be refunded to you.

CANCELLATION POLICY: If the hospital staff cancels the appointment because the patient has eaten/drank **against instructions**, you have **failed to follow the directions** outlined in "Instructions to Parents...", or if you **fail to show** for the appointment, the appointment will be rescheduled. If this occurs, the deposit is non-refundable and will be applied to the entire "Hospital Call" fee to be charged i.e. \$200 deposit + additional \$228 for total charge of \$428. Also, if you cancel **without 48-hour notice**, the appointment will be rescheduled and the \$200 deposit forfeited. An additional \$200 deposit will be required to re-schedule. Significant preparation and time is required to treat your child on an outpatient basis. **Please address all questions prior to the morning of treatment and/or explain the procedure to dad/mom if they were not present at the initial visit BEFORE the day of treatment.** This allows the appointment to run smoothly and on time.

- Please understand that financial arrangements are made directly with you. You are responsible for the payment of your account. In addition, the parent or legal guardian who brings the child to our office is responsible for payment of all charges. We cannot send statements to other persons.
- **A Note About Dental Insurance:** We realize that your child's outpatient dental treatment can entail a significant expense. As a courtesy to our patients, we have agreed to accept assignment of benefits from your insurance carrier. As stated above, you are still responsible for your portion of the payment. Dental insurance is typically different from the manner in which medical insurance and medicine operates. There is no direct relationship between our office and your insurance company. Your insurance benefits are determined by the type of plan chosen by you and/or your employer. As such, we have no say in the selection of your insurance company, type of policy, we have no control over the terms of your contract, the method of reimbursement or the determination of your benefits. **Therefore, you are responsible for all payments if your company has not forwarded payment to our office by thirty-five (35) working days after your child's treatment.**
- For the convenience of all our patients, we accept cash, personal check, MasterCard or VISA.

Thank you for your understanding of our policies and trusting us in the dental care for your child. Your cooperation is greatly appreciated. If you have any questions regarding this information, please call our office (919) 468-9775.

Signature

Date