

Cavitybusters

INFORMATION FOR YOU, OUR PATIENTS

Welcome to our office. This statement of our policies is made to avoid any possible misunderstanding concerning treatment, appointment and payments. This permits us to devote a maximum amount of time and attention our first concern your child!

Appointment Commitment

We reserve the time for each patient in our practice, and we make every effort to respect your time by running on schedule. Please give us at least 24 hours notice if you will be delayed or must reschedule your child's appointment. We request 48 hours notice for a long appointment for an hour or more. Please do not cancel appointments on the voice recorder because it does not allow the receptionist an opportunity to reappoint you and it keeps patients waiting who are on the quick call list or those who are in pain. Patients who routinely cancel appointments suffer dangerous delays in completion of treatment and may be dismissed from the practice. **We reserve the right to charge \$50.00 for appointment cancelled or broken without 24 hour notice, and the right to dismiss patients with frequency missed appointments. Remember do not cancel on voice mail.**

Commitment to Treatment

We believe necessary treatment should be completed in a timely manner. Incomplete treatment leads to complications, possible pain and tooth loss for the patient. It is our goal to save your child's teeth and maintain their dental health. The dentist and parents must have mutual health goals and reasonable time frame to successfully complete treatment.

Financial Commitment

We feel we have responsibility to use our best care skills, and judgment in planning your child's dental treatment. We will propose a treatment plan for you're with a review of findings, and your input is respected and valued. Your signature indicates that you are willing to accept and pay for treatment that is rendered. Most insurance companies do not pay 100% and you will be responsible for any deductible, co-insurance amount, or co-payment not paid by your dental insurance each visit. Co-payments collected are only **an estimate** and not a guarantee of insurance benefits to be paid. Outstanding patient balance must be paid prior to being seen by doctor. Some dental services are not covered under the plan the employer has purchased for their employees, and prior to authorization for major procedures maybe required which could take 3-4 weeks to obtain. Accounts over 30 days are subject to 1.5% interest on total balance each month. I acknowledge and agree that in the event I do not pay for services rendered that my account will be placed with an attorney or collection agency. I agree to pay reasonable collections fees, attorney fees and court cost incurred in collection of my overdue account. \$40.00 returned check fee will be charged for all checks initially returned unpaid by your bank. **To clear this matter it must be cash only.** Unpaid returned checks are turned over to the District Attorney's Bad Check Division. We are happy to help you with any financial and insurance questions you may have. It is important you understand your coverage.

I have read and understand the contents of this form: _____

Signature