

FINANCIAL and APPOINTMENT POLICY

We are pleased to welcome you to our practice. Our desire is to provide you with the highest quality dental care in a caring and enjoyable atmosphere. ***It is our policy to make definite financial arrangements with you before any treatment starts.*** Below is an explanation of our payment procedures. If you have any questions, please do not hesitate to ask.

1. Payment for services is due at the time services are rendered. We accept cash, checks, and credit cards (VISA, MasterCard, and Discover).
2. For emergency visits we require payment in full at the time of the appointment.
3. If you have insurance we will gladly process your claim. **We request that you pay your ESTIMATED portion when services are rendered. Any amount not covered by insurance or difference in estimated portion is the patient's responsibility.** Our office will file your insurance a maximum of **two times** per appointment. **The office will accept assignment for only the primary insurance coverage**, secondary insurance coverage must be paid to the patient. We will gladly provide you with a receipt for secondary insurance filing.
4. If the claim is not paid by your insurance carrier within sixty days, you will be responsible for the full balance and further insurance appeal becomes your responsibility. We will be happy to provide you with a claim form so that you can follow up on your insurance claims personally. Any unpaid balance after **60 days will accrue a 1.5% finance charge** until paid in full.
5. You must provide the office with a dental insurance card with the proper mailing address of the insurance company, or provide a dental claim form, which is provided by the employer. If one of these documents is not available at the time of the appointment, you will be responsible for payment of all fees and we will provide you with a claim form for you to submit for reimbursement.
6. If insurance benefits are assigned to the doctor, you will be responsible for paying your deductible and co-payments at the time of service. **You are responsible for paying all charges not covered by your insurance company, including all fees considered above your insurance company's usual and customary fee schedule.** Your insurance benefits are a contract between you and your employer. The amount of coverage you will receive will depend on the quality of the plan purchased by your employer, not the fees of the doctor.
7. **The office cannot carry balances longer than 90 days;** regardless if the insurance payment is still pending. A \$5.00 monthly re-billing charge will be added to your account if it is not paid within 60 days, regardless of balance amount. After 90 days, we will inform you of the delinquent account by letter and if no action is taken to clear the account, this office will be required to employ a collection service to collect payment. The responsible party agrees to pay all reasonable, related collection fees.
8. There will be a \$30.00 service charge for all returned checks.
9. **The parent or guardian who brings the child for their initial visit is responsible for payment independent of what a divorce decree may state. Reimbursement must be made between the divorced parents. We will not intervene.**

We reserve time in our schedule especially for your child and in consideration of others, we request **at least 24 hours notice prior to cancellation of appointments. There will be a charge of \$75.00 for NO SHOW appointments or cancellations with less than 24 hours notice.** Excessive late arrivals, cancellations and now shows are documented and we reserve the right to either charge for missed/late appointments or discharge you from the practice. We do understand that there are circumstances that may prevent you from keeping your child's appointment, however with providing us as much notice as possible we may be able to contact another family who would like that appointment time. Afternoon appointments fill quickly, and cancelling with less than 24 hours notice does not allow us enough time to schedule another patient in need of treatment. If you miss two (2) appointments in a row without proper notice given, your child will be placed on our call list and worked into the doctor's schedule as changes occur. We will contact you about appointment availability as openings in the doctor's schedule arise to see if this is a tie that coordinates with your schedule. Patients that are running late are asked to call the office as soon as possible to check with the staff if they will still be able to keep their appointment.

Patients being seen for restorative treatment may have their appointments rescheduled if they are more than 15 minutes late for their appointment time in consideration for other patients.

Appointments cancelled with less than 24 hours notice on a school holiday, Saturday or an after school time will NOT be rescheduled on another school holiday, Saturday or after school appointment time, as they are our most popular appointments.

AUTHORIZATION

1. I authorize Dr. Rubin and staff to release any information concerning my case to my insurance company.
2. I have read & accept the above Financial and Appointment Policy, understand it & agree to the terms set forth regarding payment.

Signature of Parent or Responsible Party

Date