

Financial Policy

- Dental insurance is a contract between the patient and the insurance company. Patient fees are a contract between the patient guarantor and our office. As part of our service to you we will gladly submit your dental insurance claim to your insurance company.
- Should you have dental insurance, we will require the name, member ID number, and birth date of the insured as well as the policy group number and the telephone number and address of the insurance company.
- All recommended treatment by Dr. Yea, Dr. McCoy or Dr. Dallman will be outlined in a written treatment plan with estimated fees.
- Fees may be paid by cash, check, Visa, MasterCard, Discover or American Express. For patients without the benefit of dental insurance, payments made in full at the time of service receive a 5% discount.
- Monthly payment plans are offered through CareCredit.
- If you find it difficult to meet your financial obligations with our office, please contact our business manager. Delinquent accounts are subject to a finance charge of 18% per annum.

Scheduling Policy

- It is our goal that all appointments begin on time. By arriving a few minutes before treatment time, your child has time to play and become reacquainted with our office.
- We require a **48 HOUR NOTICE** (two working days), if you must reschedule an appointment. This allows us to provide the best possible care for those children who really need an appointment but have to wait due to lack of available appointment time. Cancellations less than two working days in advance of the appointment will be considered missed appointments. Missed appointments are subject to being billed at the rate of \$75.00 per hour. Of course, this does not include sudden illness and true emergencies.
- Our office is a specialty practice – we only see children. Therefore it is not possible to give everyone appointments in the late afternoon. Young children often are happiest with morning appointments.
- Should a dental emergency arise after office hours, please call the office and listen for emergency instructions. We have voice mail service 24 hours a day, 7 days a week. Our office hours are Monday through Wednesday 8:00 am to 5:00 pm, Thursday 7:00 am to 1:00 pm.
- I consent to the dental practice using my cell phone number to (choose one or both) call text regarding appointments and to call regarding treatment, insurance and my account. I understand that I can withdraw my consent at any time. My cell phone number is:

(_____) _____ (initial) _____

We are committed to providing your child the best possible dental care in a fun and compassionate environment. Should you have any questions or concerns, please ask.

Date: _____ Signed: _____