



# Young Smiles Pediatric Dentistry & Spa

*“Kids Love Us, Parents Enjoy Us”*

## **OFFICE AND FINANCIAL POLICY FOR DR. KERA YOUNG** **PLEASE READ CAREFULLY**

OUR GOAL IS TO PROVIDE QUALITY DENTAL CARE FOR YOUR CHILD IN A PROFESSIONAL, FUN AND FRIENDLY ENVIRONMENT. THIS LETTER STATES POLICIES THAT ARE IMPORTANT IN MAINTAINING A POSITIVE RELATIONSHIP.

### **FINANCIAL/INSURANCE POLICY**

Payment is due at the time service is rendered. Master card, Visa, debit and checks are accepted. A \$35.00 insufficient fee charge will be charged for lack of funds. This office does not accept assignment of benefits from insurance companies (UNLESS PRIOR APPROVAL HAS BEEN MADE THROUGH OUR OFFICE). If balances remain for more than 60 days, insurance assignment will no longer be accepted.

Payment in full is due prior to the initial visit (IF THE PATIENT HAS INSURANCE BENEFITS THAT HAVE NOT BEEN VERIFIED). A form will be provided for the parent/legal guardian to get insurance reimbursement.

A 48-hour notice is required prior to the appointment, if insurance coverage is changed. If notice is not given, payment for the appointment is required in full.

Insurance coverage is based on an estimate of benefits. The legal guardian is responsible for all amounts not covered by the insurance company. If account becomes delinquent, it is agreed that you will pay for all rebilling charges, interest charges, collections costs and attorney fees.

### **APPOINTMENT POLICY\***

Patients are responsible for keeping scheduled appointments. A 24-hour notice is required if appointment cannot be kept. If a 24-hour notice is not given, that appointment is considered a broken appointment.

A broken appointment fee of \$50.00 will be charged.

A second broken appointment will be grounds for dismissal from the practice.

### **OFFICE VISIT POLICY\***

All patients are given an appointment and a designated time to perform treatment. If the patient is uncooperative or if treatment cannot be completed for any reason, this is considered an aborted appointment.

An aborted appointment fee of \$50.00 will be charged.

### **EMERGENCY VISIT POLICY\***

All patients are responsible for emergency visit fees and payment is due at the time of service.

An emergency visit fee occurring during regular business hours of \$37.00 will be charged.

Thank you for your confidence in our office. We look forward to a positive relationship with you and your family.

*\*All fees listed above are subject to change and will be updated from time to time.*

Patient(s) Name

Signature of Parent/Legal Guardian

Date