



### **FINANCIAL POLICY ACKNOWLEDGEMENT**

Our practices are proud to be a part of a team whose primary mission is to deliver the finest and most comprehensive dental care services today. In order to assist you with your health care investment, we are providing the following payment information and options.

### **PAYMENT**

Payment is due at the time services are rendered. We accept cash, personal checks with the current date, all major credit cards, and debit cards. We also offer some 0% interest plans through Care Credit, or we can set up an in-office payment plan that will automatically bill a credit card on a set interval. We will be happy to help you with this. Financing your treatment will allow you to begin your treatment immediately and spread the cost over a period of time.

All returned checks are subject to \$35.00 returned check fee.

Accounts over 90 days past due will be referred out for collection and the patient is responsible for any fees associated with that.

### **INSURANCE**

As a courtesy to our patients, we are happy to file your claims to your primary insurance carrier on your behalf. We do not file to secondary insurance. We will make every reasonable effort to collect covered amounts from your insurance company. Deductibles, co-payments and non-covered amounts (including fees above your insurance company's usual and customary fee schedule) are due at the time services are rendered. **All estimates quoted are based upon information provided to us by your insurance company and are estimates only and not a guarantee of payment.** The patient is ultimately responsible for all charges incurred. Insurance companies are required by law to pay or deny claims within 45 days. After 60 days, any unpaid claims will be resubmitted by our office, and we ask that you follow-up as well. After 90 days, we ask that you pay in full and have your insurance company reimburse you. We will be happy to provide any information or documentation you may require. Our first and only priority is our patients and the quality of care. The negotiation of benefits is between you, your employer and insurance company.

### **TREATMENT PLANS**

Should you or your child require dental treatment, these needs will be discussed with you by one of our staff members. In most cases, an additional appointment(s) will be needed to complete the treatment. The payment amount provided to you on the treatment plan is **an estimate only**, and you will be asked to pay the difference between what your insurance company actually paid and the fees incurred at the time of service.

### **CANCELLATIONS**

It is the philosophy of our office to provide optimal patient care. All patients are seen by appointment only and are scheduled with your individual needs in mind. This allows us to focus our efforts on caring and treating our patients to the best of our abilities. We do require 24 hours notice for cancellations and reschedules. This is necessary to allow us adequate time to notify patients who are on a waiting list for the first available appointment. If 2 broken/missed appointments occur or 2 cancellations without at least 24 hours notice, we reserve the right NOT to schedule any subsequent appointments. We also reserve the right to charge a cancellation fee of \$25 per patient.

Operative appointments longer than 90 minutes will require a deposit that will be applied toward your patient portion of treatment. If you need to cancel or reschedule this appointment, we require 48 hours notice in order to keep your deposit. If you do not present for an appointment scheduled for 90 minutes or longer, or provide less than 48 hours notice, your deposit will not be returned.

I have read the above and understand and agree to these terms. I hereby authorize the release of any dental information necessary to process insurance claims. I authorize the payment of benefits to be directly to Texas Pediatric Dentistry/Stonebridge Ranch Dentistry/TPD Smiles.

\_\_\_\_\_  
Patient/Parent/Guardian Signature

\_\_\_\_\_  
Date

~OVER~

## **APPOINTMENT POLICY ACKNOWLEDGEMENT**

### **OFFICE HOURS**

#### **Texas Pediatric Dentistry**

M – Th: 8:00 – 5:00

Fri: 8:00 – 4:00

Select Saturdays each month:

8:00 – 4:00 (Cleanings ONLY)

Lunch each day:

12:00 – 1:00

#### **Stonebridge Ranch Dentistry**

M, W, Th: 8:00 – 5:00

Tu: 8:00 – 6:00

Fri: 8:00 – 4:00

Select Saturdays each month:

8:00 – 4:00 (Cleanings ONLY)

Lunch each day:

12:00 – 1:00

#### **TPD Smiles**

M – Th: 8:00 – 5:00

Fri: 8:00 – 4:00

Lunch each day:

12:00 – 1:00

### **APPOINTMENTS**

#### **New Patient/Routine Exams**

At all initial and recall exam appointments the following services will be completed for you or your child: exam, prophylaxis (cleaning), radiographs as deemed appropriate by the doctor for the exam, fluoride treatment, and preventive sealants.

#### **Limited/Emergency Exams**

Exams due to trauma, pain, or other issues will be scheduled as soon as possible. While we will try and complete necessary treatment during the same appointment, there is no guarantee that work will be able to be done at the same time.

#### **Operative Appointments**

##### *Pediatric patients*

We will make every attempt to treat your child in a manner that is safe for not only your child, but also office staff. If we attempt to perform operative treatment on your child and he/she is unable to be treated due to significant uncooperative behavior that cannot be safely managed, a fee will be incurred at the time of the appointment. This fee covers office time, materials, and sterilization.

We reserve the right to schedule certain types of appointments (fillings, extractions, cleanings, etc.) at specific times of the day.

### **SPECIAL PROCEDURES**

#### **GA Sedation**

We have the ability to treat pediatric patients at Children’s Medical Center at Legacy as well as the ability to treat patients in the office using our team of pediatric anesthesiologists. Should your child require such treatment, these options will be discussed with you in detail. We require a \$350 deposit prior to the appointment being scheduled. This deposit will apply to your balance. Once the appointment is scheduled, if you choose to cancel or reschedule the appointment for any reason this deposit is non-refundable. The deposit is required to schedule the appointment for GA Sedation.

We offer additional sedation options for our adolescent and adult patients. Please feel free to ask your dentist at the time of your appointment if you would like to explore these options for treatment.

### **PARENT PARTICIPATION**

In all of our practices, we encourage parent/guardian participation during any appointment. At all times, we request that only **one** additional person accompany the patient into treatment areas in order to minimize any distractions and maintain patient privacy.

#### **Preventive Appointments**

##### *Pediatric Patients*

For your comfort one parent or guardian is welcome, but not required, to accompany your child to the operator. We do encourage self-independence to help promote the growth and development of your child. For the safety and privacy of the other patients all others, including children that are not scheduled at this appointment, are asked to remain in the reception room. Young children in the reception room will need a supervisory adult.

#### **Operative Appointments**

##### *Pediatric Patients*

Although it is not recommended, one parent or guardian is allowed in treatment areas during operative procedures if you feel your presence will benefit your child. For the safety of your child, the staff and the doctor, we ask that you assume the role of a silent observer during treatment.

**We ask that you refrain from cellular use while in the clinical areas. For the privacy of our staff and doctors, we do not allow videos or pictures to be taken while we are treating you or your child.**

I have read and understand the above office policies.

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Patient/Parent/Guardian Signature

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Date