

Brentwood Children's Dentistry Office Policy

Please Review the following policy statement prior to completing your health forms.

Welcome to our office! Thank you for selecting our office for your child/children's dental needs. Your general dentist has referred your child to our office for evaluation and/or possible treatment. Prior to leaving our office today, you will receive a full explanation of treatment plans and fees. If for any reason you do not understand any element explained to you do not leave the office without asking for clarification.

Appointments

We attempt to schedule appointments at your convenience and when time is available. Preschool children should be seen in the morning because they tend to be more cooperative, and we can work more slowly with the child for their comfort. School children requiring extensive work should be seen in the morning for the same reason. Missing school can be kept to a minimum when regular dental care is continued.

Since appointed times are reserved exclusively for each patient, and to avoid a fee for canceling an appointment we ask that you please notify our office 48 hours in advance of your scheduled appointment time. Other patients who need our care could be scheduled if we have sufficient time to notify them. We realize that emergencies occur, but we ask for your assistance in this regard. If you do not call to cancel and fail to show as scheduled, you will be charged a broken appointment fee of **\$50.00 per child**.

Please be aware if you arrive 15 minutes after your scheduled appointment time, you may be required to reschedule your appointment.

Records/X-Rays

If for any reason you decide to leave our practice, we understand you have the right to request copies of your dental records/x-rays. We can provide you with your treatment notes free of charge, but there will be a **\$25.00** fee to duplicate x-rays taken by us. We are required by law to retain originals on file.

Dental Insurance Policies

Many of our patients have dental insurance. We file dental insurance as a courtesy to our patients. We do not have a contract with your insurance company, only you do. We are not responsible for how your insurance company handles its claims or for what benefits they pay on claim.

We currently are only providers of Delta Dental (Premier). We accept, but are an **out-of-network** provider for all other PPO's and Preferred Option. We do not take HMO/DMO/PMI, or any MediCal/Healthy Families.

Out-of-network provider means that we charge according to our fee schedule, but the insurance company will pay according to their own fee schedule. For example, we charge \$100 for a service and the insurance company has the same service listed on their fee schedule at \$80, if the insurance company says that they will cover 100% of that service, they will cover 100% of the \$80. The \$20 difference will be the patient's responsibility. (If you have any questions please call for details.)

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Co-Payments

All patient portions and deductibles are to be paid when service is provided. Prior to treatment our team will provide an estimate of treatment cost or co-pay. Usually the co-pay is a close estimate, but in some cases an additional amount will be due.

Payment is expected at the time services are provided by the person accompanying the patients unless other arrangements have been made with our office in advance. In the event reimbursement is expected from a third party, it is the responsibility of the person making the appointment and bringing the patient to the office to pay for the services rendered and seek reimbursement for the third parties. *Dr. Hall's office will not be responsible for seeking payment from third parties.*

Our office accepts ALL major credit card, as well as debit cards with VISA or Mastercard logo, cash, check, or money orders. CareCredit financing is available with our office. (See a team member for further details). All checks are verified for funds. Returned checks will be returned with a **\$25.00** fee additional the account balance.

If you have not paid your balance within 90 days your account may be frozen and referred to our collections department. Once the account is referred to our collections department further services will not be provided until the outstanding balance is paid in full. In the event the payment cannot be made in full please call the office to discuss alternative payment plans. We will make every attempt to accommodate your situation.

Follow-up Dental Care

No healthcare provider can make guarantees regarding treatment success. We feel that in order to increase your child/children's chances of long term success you must follow-up with regular check-ups every six months, complete proposed treatment, brush twice daily and floss. In doing this you are giving your child/children the best possible opportunity to achieve long-term health. Dr. Hall and her associates will address your child/children's follow-up care needs as necessary.

Now that we have dispensed with all the formalities, we ask that you sign the bottom of this letter as having read and understood our policies and procedures.

Please proceed on to completing your child/children's office forms and thank you for your attention.

(Signature of Responsible Party)

(Date)