



### 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 a 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, social security number, and birthdate 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. Alegre will be outlined in a written treatment plan with estimated fees.
- You will be responsible for any co-payments and estimated patient portions at the time of service. If for any reason your insurance company denies any charges or does not cover the amount estimated, the responsibility for payment returns to you.
- Fees may be paid by cash, check, Visa, or MasterCard.
- If for any reason we over collect on your patient portion, amounts under \$50 will be kept on the family account for future dental treatment unless otherwise requested and we will advise you of the credit on the account at your next dental visit. If an amount over \$50 is collected, we will contact you by phone.
- 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.
- In the event that the account would need to be assigned to an outside collection agency, a 35% collection fee of the balance will be added to the account prior to the assignment.

### Scheduling Policy

- It is our goal that all appointments begin on time. By arriving a few minutes early before treatment time, your child has time to play and become reacquainted with our office. We value your time and strive to be on time for all of our patients. We ask that patients respect our time as well. In order for us to maintain our daily schedule, if you are late we reserve the right to reschedule the appointment.
- 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. Insurance does not pay for this fee. Of course, this does not include sudden illness and true emergencies.
- **TWO missed** appointments without 48-hour notice will result in the dismissal of the entire family from our practice.
- Should a dental emergency arise after office hours, please call the office and listen for emergency instructions. We have a voice mail service 24 hours a day, 7 days a week.
- After hour care and dental emergencies: We realize that emergencies can and do happen. Therefore we are available for emergency care after office hours. After hour emergency fee is \$150.00 additional to the treatment fee. Insurance frequently does not pay for this fee.
- A parent or legal guardian must accompany all patients at the time of treatment unless a written treatment consent and pre-approved payment has been previously received.

### Cell phone use

- We ask that cell phones not be used in the treatment area. You are welcome to use your phone in the reception area.

Everyone at Renton Kids Dentistry looks forward to providing your child the best possible dental care in a fun and compassionate environment. Please let us know if there is anything we can do to make your time with us more enjoyable. I have read the office guidelines and consent to the care of my child. I understand and agree to these guideline and consent.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_