

Reid & Reid

Pediatric Dentistry ● Orthodontics

We appreciate you allowing us to provide dental care for your child. We value our relationship with you and believe that the best relationships are based on understanding; therefore, we offer these clarifications of methods of payments for services and methods of scheduling appointments.

Appointments:

1. We are happy to help you schedule appointments that are convenient for you. It will be necessary to schedule some appointments during school or work hours. Dr. Richard finds that he and your child work together well in the AM; therefore, the longer appointments are best scheduled in the morning.
2. We have reserved both Dr. Richard's and the staff's time for your child when you schedule an appointment. If you arrive more than **15** minutes late for your child's appointment, we may have to reschedule the appointment in order to honor the time we have reserved for other children.
3. We request **48** hrs notice if you can not keep your scheduled appointment so that we can offer that time to another child. When **TWO** appointments have been broken without **48** hours notice, a **\$35 broken appointment fee** will be charged and must be paid prior to rescheduling another visit with Dr. Reid.

Payments:

1. We request payment at the time of service for all **emergency visits and referrals for specific procedures** unless you have made prior arrangements with our office. We will be happy to assist you in filing for your dental benefits. Your insurance company will directly reimburse you.
2. If your child is a **member of our family of patients**, we will assist you in determining your insurance benefits and file your insurance for you. You will need to be prepared to pay 20% of exam/ cleaning visits, 25% of restorative visits, and any amount that is determined not payable by your insurance plan at the time the service is rendered.
 - a. We must emphasize that as health care providers, our relationship is with you, not your insurance company. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
 - b. If we have filed your insurance for you, but have not received payment from the company within **45** days after the submission of a claim, you will be expected to pay for all dental services in full within 14 days of notification. In the event of duplicate payment, you will be reimbursed.
3. A charge of \$30.00 will be assessed on any returned checks and a charge of 5% of any unpaid balance will be added monthly.
4. Should your account be turned over for collection, you will be responsible for all cost of collection including attorney's fees and court costs.

Our goal is to provide your child with the optimal dental treatment. We will do our best to maximize the insurance benefits that you are eligible to receive and we do appreciate your prompt settlement of any charges that may be incurred during treatment. We look forward to years of close association with you as we work together to maintain your child's oral health.

I have read and understood the office's Financial and Appointment Policy and agree to abide by its contents.

Parent/ Guardian

Date