

INSURANCE INFORMATION AND OFFICE POLICY FORM

Patient Name _____ Patient date of birth _____

Details of insurance coverage:

Is your child covered by a dental insurance plan? (circle) Yes No

Insured's Name (parent/guardian) _____ Insured's Date of Birth _____

SSN (of insured) _____ Name of Insurance Company _____

Policy No. _____ Group No. _____ Subscriber ID. _____

Employer name _____ Employer Phone No. _____

Has your child received care under this plan in the past year? _____

Details of Secondary Insurance: _____

Authorization & financial responsibility (for non-covered services/copays/deductibles):

Person responsible for child's financial support _____

Date of Birth _____ SSN _____ Cell phone number _____

E-mail address _____

Address _____

Preferred method of billing (circle one or more): Text E-mail Phone call Paper bill

Financial policy:

- If you have dental insurance, we will file a claim on your behalf with your insurance carrier. The signatory below is responsible for paying the deductibles, estimated co-pays and any non-covered services in full at the time of the visit. Any amounts that are denied or unpaid will be billed to you. This is likely in the case of a patient being treated by another dentist in the last 6 months, and we request you to inform the front desk of this possibility. We also encourage you to check with your insurance company regarding specific coverage & limitations.
- We offer the option of storing your credit card information securely on file for future payments. Please speak to the front desk for further details.
- Accounts 60 days overdue are subject to late fees and collections; agency fees and other charges may apply.
- In cases of divorce or custody situations, we will not become involved with mediating financial arrangements between parents, and the parent present at the appointment is responsible for payment due that day.

Office policy:

- When we book your appointment, we set aside a dedicated chair and time slot just for you. Any patient who is *more than 10 minutes late* may be considered a "no show" and may need to reschedule.
- The office has a strict policy about missed appointments, and you may be charged a missed appointment fee (\$25) if you do not call at least one day before the appointment to cancel or reschedule it, and after *three missed appointments* without a call to cancel or reschedule, the office retains the right to dismiss the patient permanently.

I have read and understood the above policies. I understand my responsibilities as stated above.

Signature of Parent/ Legal Guardian

Relationship to Patient

Today's date