

Office Policies

To our valued Patients:

We have a personal, professional, and ethical responsibility to care for your health to the best of our ability. Missed appointments and failure to comply with recommended treatment, schedules, and/or procedures prevent us from achieving our goal of optimum health for you. If you cannot keep your appointments or adhere to our treatment recommendations we will not be able to continue treating you in good conscience. Therefore, the following policies must be agreed upon:

No-shows are not acceptable. Failure to make an appointment not only compromises your health but inconveniences other patients who may have requested an appointment for the same time as you were scheduled, if you cannot make an appointment you are expected to call a minimum of 48 hours in advance to reschedule. There is a \$25.00 fee for all no-shows that is not covered by insurance. Patients who no-show or cancel an appointment on the same day 3 times, will be dismissed from Grins and Giggles.

Timeliness is required. We want to allow sufficient time and attention to give you the best quality care possible, with the least amount of waiting time, and we ask that our patients cooperate by being on time for all appointment. If you are **more than 15 minutes late**, you are subject to rescheduling.

Insurance We file insurance as a benefit to our patients and so not require prepayment time of service. Treatment recommendations are based on your health not on your insurance or lack thereof. If you have insurance it is your responsibility to be aware of what your benefits are. We will provide you with an **estimate** of benefits: however **you are fully responsible** for any treatment performed. Your benefits are a contract between you and your insurance company. We cannot be responsible for what your insurance will or will not cover.

We run a Zero Balance Office. All Co-payments, insurance deductibles, and the estimated portion not covered by insurance are due in full at the time of treatment. Please know we are here to assist you as much as possible. We have financial options available for all of our patients. Any overdue balances not paid by patient within 30 days are subject to **finance charge of 2.5 %**. Balances overdue for more than 60 days will be sent to collection agency.

I have read and understand the above policies and agree to its terms.

Printed (Patient/Guardian) Name, Signature