

## PRACTICE GUIDELINES

Brenda Ho, D.D.S. ~ Greenhaven Pediatric Dentistry

*Thank you for choosing Greenhaven Pediatric Dentistry for your child's dental care. The following information has been prepared to answer common insurance, financial and appointment related questions.*

### Insurance/Finances

- ❖ We accept most insurance plans. Insurance plans are unique and adhere to specific covered and non-covered procedures depending upon your individual plan. We do our best to provide accurate treatment and insurance estimates with the information provided us and from our initial contact with your insurance company.
- ❖ For your convenience we will prepare Treatment Estimates in advance of dental services.
- ❖ Treatment is recommended regardless of insurance deductibles, maximums and plan limitations.
- ❖ In order to keep our fees to you as low as possible we ask that deductibles and co-payments be paid at the time of service. For your convenience an estimate for dental care will be prepared prior to scheduled appointments to help you avoid unexpected balances.
- ❖ Please be advised that you are responsible for all balances not paid by your insurance company.
- ❖ Your assistance may be necessary to receive payment from your insurance in a timely manner.

### Payment Options

- ❖ For your convenience we accept: Cash, Check, ATM/Check Card, Visa, MC, Outside Financing.

*Please circle preferred Method of Payment*

### Delinquent Accounts

- ❖ Account balances are due upon receipt of practice statements.
- ❖ A Service Fee of \$25 will be charged for Returned Checks or Unapproved Card Payments.
- ❖ Unpaid balances where no agreement has been made with our Billing Department to extend payment may be transferred to a Collection Agency without further notice.

### Appointments

- ❖ Patient satisfaction and your time are very important to us. Every effort is made to stay on schedule so please arrive as scheduled.
- ❖ Advanced notice of 24-48 hours is requested to cancel appointments if necessary. Without sufficient notice, we do not have the opportunity to successfully fill your child's appointment therefore, that time remains open and it is too late to invite another child for their care.
- ❖ A \$25 fee may be charged for failed appointments and after a second cancellation when advanced notice has not been given.

### Questions

- ❖ Please feel free to speak with us if you have any comments, questions or concerns.

### Acknowledgement of Information

- I have read and understand the above policies and guidelines.
- Questions I presented regarding HIPPA and PRIVACY POLICIES have been answered.

\_\_\_\_\_  
Parent or Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor or Team (Presenter)

\_\_\_\_\_  
Date