

## GENERAL OFFICE POLICY

Thank you for choosing iCare dentistry. Our mission is to deliver the best and most comprehensive dental care possible. We strive to provide optimal care that is timely, easy, and manageable for our patients. Your clear understanding of our Schedule, Financial & Insurance Policy is important to our professional relationship. Please ask if you have any questions about our fee, Insurance & financial policies, or your.

**APPOINTMENTS FOR CHILDREN:** We invite one parent to stay with very young children during the initial examination. For future appointments, we request you allow your child to accompany our staff through the dental appointment. We can usually establish a closer rapport with your child when a parent is not present. Our purpose is to gain the child's confidence. For the safety and privacy of all patients, siblings or other children should remain in the reception area with a supervising adult.

**MISSED APPOINTMENTS:** Unless cancelled at least 48 hours in advance, our policy is to charge for late/missed appointments at the rate of \$50.00 per each 30 minutes of late/missed appointment time. Late arrival will be worked into the schedule if time allows or re-appointment to another day. Please help us service you later by keeping scheduled appointment.

**PLEASE NOTIFY US IN ADVANCE IF YOU NEED TO RE-SCHEDULE/CANCEL YOUR APPOINTMENT:**

- 2 complete business days' advance notice for 60-minute appointments
- 4 complete business days' advance notice for 90- to 120-minute appointments
- 5 complete business days' advance notice for 3-hour appointments

**FINANCIAL POLICY:** FULL payment is due at time of service. We accept CASH, CHECKS, VISA/MASTERCARD, AMERICAN EXPRESS, DISCOVER & CARECREDIT. You will be charged \$35 for any returned check. We will expect payment in full by cash or credit card within 10 days. Icare Dentistry provides Insurance company billing as a courtesy to our patients. The patient portion of particular dental service(s) is estimate and due at the time of service.

**ADULT PATIENTS:** Adult patients are responsible for full payment at time of service

**MINORS ACCOMPANIED BY AN ADULT:** The parents or guardians are responsible for full payment at time of service.

**UNACCOMPANIED MINORS:** The parents or guardians are responsible for full payment at time of service. Non-Emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, or to approve credit plan, or to Visa, Master Card or Discover.

**DENTAL INSURANCE AND ACCOUNT BILLING:** As a courtesy, we will submit your dental insurance claim to your dental insurance company. Your estimated payment for services is payable at the time of service. Once final benefit payment is received, we will send you a billing statement for any balance due. You are responsible for the full treatment fee(s). Accounts over 30 days from date of service are subject to a billing statement fee of \$5 and may also be charged interest per each additional billing statement.

**DELINQUENT PAYMENTS:** It is our policy to charge finance fees at 1.5% for outstanding balances after the balance has been 30 days. In addition, all payments return due to non-sufficient funds will be subject to a NSF fee of \$35.00

PATIENT'S NAME: \_\_\_\_\_

Patient/Parent's Initial: \_\_\_\_\_