

Payment Policy

- Please be aware that the parent bringing the child to our office is legally responsible for payment of all charges. We cannot send statements to other persons.
- We ask that you pay the estimated portion that your insurance may not cover on the day of the appointment. We accept cash, personal check, Visa, Master Card, and Discover.
- A fee of \$25.00 will be applied to any returned check.
- We, as a courtesy, submit to your insurance company for payment to our office. If a balance remains after we receive insurance payments, we will send out two (2) statements to collect this balance. If the balance is not paid by the indicated date on your statement, your account will be considered delinquent and forwarded to our collection agency.
- If for any reason your account balance remains unpaid after 90 days from the date of service, the account will be turned over to our collection agency, and any late charges or agency fees incurred will be your responsibility. This will be reported to the major credit bureaus which could affect your credit score.
- We understand that financial arrangements are sometimes necessary to help our patients receive the care they need without waiting until a parent may be financially able to do treatment. If you need to arrange a payment plan to pay for services, please do so prior to services being provided. Payment arrangements will need to be made monthly and secured with a credit/debit card.
- Dental Insurance: Dr. Bob is only a preferred provider for some insurance plans (please ask for a list). The type of plan chosen by you and/or your employer determines your insurance benefits. If you have a plan that allows you to choose a provider out of network, as a courtesy we will submit all necessary insurance paperwork for you. On the day of service, you will be responsible to pay the estimated amount that will not be covered by your particular plan. This is only an estimate, and it will be adjusted when the exact amount of coverage is determined by your plan. If you are not allowed to choose a provider out of network, you will be responsible for payment of all services provided at the time they are rendered.
- For patients with primary and secondary insurance, a special payment policy applies. This policy is explained in a separate policy that is presented separately.
- Insurance benefits and coverage may change, please make us aware of these changes. If new insurance information is not given and verified by our office prior to your child's appointment, you will be asked to pay for services rendered and we will gladly submit to your insurance on your behalf once this information is provided to us.
- As a courtesy, we obtain a breakdown of benefits for your child to help in determining co-payments for services. Please feel free to contact your insurance company to make yourself aware of possible co-pays. Keep in mind that these benefit breakdowns are not a guarantee of coverage. Insurance companies will also remind you of this when you obtain information by fax or by speaking to a representative.

Appointment Policy

The scheduled appointment is reserved specifically for your child. Any change in this appointment affects many patients. If a cancellation is unavoidable, please call the office **at least 24 hours** in advance so that we may give that time to another patient.

- We strive to see all patients on time for their scheduled appointment. There are times when our schedule is delayed in order to accommodate an injured child or an emergency. Please accept our apology in advance should this occur during your appointment. We will do exactly the same if your child is ever in need of emergency treatment.
- Please plan to arrive **at least 10 minutes** prior to your scheduled appointment. This will allow us to update any information and allow your child to settle in before being called back for their visit.
- If you arrive **10-15 minutes late** for your appointment, you may be asked to reschedule for another time. Please understand we must use the clock in our office in determining whether you have arrived late.
- Once again, please call **at least 24 hours** in advance if a cancellation is unavoidable so that we may give that time to another patient.
- Broken/missed appointments affect many people and are subject to a \$35.00 charge. If **2** broken/missed appointments occur or **2** cancellations without 24 hour notice, our office reserves the right to **NOT** schedule any subsequent appointments.
- Routine dental care is important to prevent dental problems from arising. Keeping regular appointments for check-ups shows a commitment to our office and a commitment to keeping your child's oral health in good condition. If there is a personal/financial reason why you are unable to bring your child for routine care, please let us know when we call or send communication by mail as reminders. Every effort is made to remind you to make regular appointments for your child. If we do not hear back from you regarding scheduling an appointment for routine care, after a period of 12 months from the last visit for an exam by Dr. Bob, your child will be dismissed from our practice. If at any time you have any questions, please feel free to ask our staff or call the office. We are here to help in any way that we can. We appreciate you entrusting your child's dental health to us.

I have read the Appointment and Payment policies and understand the content of each as it applies to me, my child, and the office of Dr. Robert Testen.

Signature and Date