

APPOINTMENT AND FINANCIAL POLICY

Dear Parent:

Over this past year, our practice has continued to grow along with our commitment to provide the best quality care for our patients. Unfortunately, it has come to our attention that we are seeing an increase in late cancellations and no-shows; this is of great concern to us. It's always been our contention that your time is valuable, so we have one theory about scheduling—you deserve our undivided attention. When we schedule a dental visit, that is yours—it belongs to you. Therefore...the following scheduling policies have taken effect.

Late Policy:

Please understand, for a typical 30 minute appointment, tardiness of even 10 minutes can greatly diminish the quality of care your child could have received. Children often need extra TLC and tardiness decreases the dentist's quality to care for your child in the way he/she deserves. If you are late for your appointment, we may have to reschedule you since we do not want to keep other patients waiting. Please know that Dr. Kang will do all he can to extend the same courtesy and see your child as promptly as possible.

Failed Appointments:

Our primary goal is to provide absolutely the best dental care for our patients; failed appointments (appointments which are broken WITHOUT a 48 hr notice) hurts three people: the child who missed the appointment, another child who needs an appointment, and our dental team. Unfortunately due to an increase in failed appointments we will start charging a \$40 fee for failed/late cancellation appointments.

Please understand this is NOT an attempt to punish any patient for unexpected emergencies (i.e. accidents, sudden illness, etc.); fees do not apply to these unforeseen circumstances. If an appointment cannot be kept, it is far better to call and cancel than not to call at all. Our goal is to make sure for children who are in great need of dental care, receive dental treatment immediately, and not have to wait for three weeks for an appointment...but we need at least 48 hours notice in order to do so.

Our office in general provides dental care as recommended by the American Academy of Pediatric Dentistry and American Dental Association. Insurance companies may have limits or exclusions for the recommended treatment. It is up to you to know your insurance policy and any possible exclusion.

Payment is requested at the time treatment is provided. If you have dental insurance, we will collect the estimated amount not covered at each appointment. In the event of insurance delays or disputed claims beyond 45 days, you will need to pay your account in full and arrange for reimbursement by your carrier. Your contract is between you and your insurance. You are ultimately responsible for payment of your account.

There is no finance or billing charge on current accounts. After 60 days a finance charge is imposed on services not paid in full. The finance charge is a periodic rate of 1.25%, with a minimum charge of \$ 1.00. The billing fee is imposed after 60 days at the rate of \$ 5.00 per month.

A \$ 20.00 fee is charged to your account for any bank returned check (NSF).

I acknowledge that I have read this appointment and financial policy and I am responsible for all the changes whether or not paid by insurance.

Signature: _____ Date: _____