



## Upstate Pediatric Dentistry

Welcome to our office. Here at UPD (Upstate Pediatric Dentistry), we have one simple goal and that is to provide exceptional dental health care in a safe, clean and fun environment. In order to partner with you and your family, we have put together some office guidelines to ensure your experience goes smoothly.

### **Appointment Guidelines:**

- Appointment times are reserved specifically for your child. If you are more than 10 minutes late for your reserved time, the appointment may need to be rescheduled to another day.
- If you are unable to make your appointment or unable to give 24 hours notice for an appointment cancellation, there will be a \$25.00 charge that must be paid prior to making any further appointments.

### **Payment Guidelines:**

- Fees for dental services are due at the time of treatment. As a courtesy, our office will file with your insurance company for treatment provided. Any remaining balance that exceeds 30 days from the date of service will become patient's responsibility. Treatment plans and financial options will be presented prior to services being rendered.
- The parent or guardian accompanying the patient is responsible for payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been preauthorized.
- A finance charge of 1.5% will be applied monthly if an account balance has not been paid within 60 days.

### **Insurance Guidelines:** UPD will file with all dental plans with the following terms-

- You must provide current and accurate dental insurance information when appointment is scheduled.
- A general breakdown of your individual dental benefits will be obtained by UPD prior to your initial visit. You will be responsible for any estimated portion that is not covered by your insurance plan. This amount will be due at the time services are rendered. Once insurance payment is made, you will be informed of any remaining balance or credit.
- We do not file secondary insurance.
- 100% of the fee will be due at the time of service for all services not covered under insurance.

If there are any questions or concerns about these guidelines, please feel free to discuss those with us!

\_\_\_\_\_  
Signature of Legal Consent

\_\_\_\_\_  
Date