

OUR OFFICE POLICIES

HOW APPOINTMENTS ARE SCHEDULED:

Our office attempts to schedule appointments at your convenience and when time is available. Preschool children should be seen in the mornings because they are fresher and we can work more slowly with them for their comfort.

School age children with a lot of work to be done should be seen in the morning for the same reason. Dental appointments are an excused absence. Missing school can be kept to a minimum when regular dental care is continued.

LATE ARRIVALS

We offer a 15 minute grace period for patients to show for their appointment. If you arrive more than 15 minutes late, you may have to reschedule your child's appointment. We do not want to encroach upon someone else's time or rush your child through any procedure.

CHILDREN'S STANDARD TIME (CTS):

Our office deals primarily with children 0-10yrs. Therefore our office operates on CST (Children's Standard Time). When you enter this office, you may experience a few delays as you wait for your scheduled appointment.

Here's Why:

- ⊗ Some children need special attention to help them relax during an office visit. Our staff takes special care and as much time as needed to help minimize the fear children have during a visit.
- ⊗ We see many children throughout the day who have had an accident/dental injury and need immediate attention.

As a parent, you can take comfort in the knowledge that our staff dedicates immediate attention to dental emergencies and strives to make the dental experience as comfortable as possible for every child. That's why we know you'll understand that as much as we try to stay on schedule, there may be occasional delays

MISSED APPOINTMENTS:

In order for our office to utilize all the appointment scheduling time efficiently, we ask that you please notify our office 24hrs in advance of your scheduled appointment time if you are unable to keep your appointment. Another patient who needs our care could be scheduled if we have sufficient time to notify them. Each "Failed Appointment" is recorded in your child chart. On the third "Failed Appointment" you will be referred to another office and will no longer be a patient of ACD. We realize that unexpected things can happen, but we ask for your assistance in this regard.

DO I STAY WITH MY CHILD DURING THE VISIT?

Patients 3yrs and under can be accompanied by one parent in one of our private rooms. Patients 4yrs and older will come back without their parent. We do invite you back with your child during the INITIAL visit to do "Parent Education" and go over brushing and flossing techniques. Once the "Parent Education" is completed we will ask the parent to return to the lobby until the patient is finished with the cleaning, exam and/or treatment. During future appointments the patient will be accompanied back by a member of our staff. Our purpose for this is to gain your child's confidence and overcome apprehension. We have found that we can usually establish a closer rapport with your child when you are not present. We understand that every patient is not the same. Please inform us if the patient has any special needs or any physical or mental handicaps, so that we make special arrangements for your child.

NO CHILD UNDER 18 YEARS OF AGE IS TO BE LEFT UNATTENDED. PARENT/GUARDIAN MUST BE PRESENT DURING THE DURATION OF YOUR CHILDS VISIT, OR ELSE NO TREATMENT WILL BE DONE.

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WHAT ABOUT FINANCES?

ALL PAYMENTS ARE DUE AT THE TIME OF SERVICE. We collect up front before any treatment is started. We do not bill or except rain check. If you do not have your child's estimated copayment, we will have to reschedule the appointment for another day.

OUR OFFICE POLICY REGARDING INSURANCE:

If we have received all of your insurance information BEFORE the day of the appointment, we will be happy to file your claim for you. You must be familiar with your insurance benefits, as we will collect from you the **Estimated** amount insurance is not expected to pay. By law your insurance company is required to pay each claim within 30 days of receipt. We file all insurance electronically, so your insurance company will receive each claim within days of the treatment. You are responsible for any balance on your account after 30 days, whether insurance has paid or not. If we receive the insurance payment after we have collected from you, we will be glad to send a refund or apply the credit to the patients next visit.

PLEASE UNDERSTAND that we file dental insurance as a COURTESY to our patients. We do not have a contract with your insurance company, only you do. We are not responsible for how your insurance company handles its claims or for what benefits they pay on a claim. We can only assist you in estimating your portion of the cost of treatment. We at no time guarantee what your insurance will or will not do with each claim. We also can not be responsible for any errors in filing your insurance. Once again, we file claims as a COURTESY to you.

Fact 1 - NO INSURANCE PAYS 100% OF ALL PROCEDURES

Dental insurance is meant to be an aid in receiving dental care. Many patients think that their insurance pays 90%-100% of all dental fees. This is not true! Most plans only pay between 50%-80% of the average total fee. Some pay more, some pay less. The percentage paid is usually determined by how much you or your employer has paid for coverage, or the type of contract your employer has set up with the insurance company.

Fact 2 - BENEFITS ARE NOT DETERMINED BY OUR OFFICE

You may have noticed that sometimes your dental insurer reimburses you or the dentist at a lower rate than the dentist's actual fee. Frequently, insurance companies state that the reimbursement was reduced because your dentist's fee has exceeded the usual, customary, or reasonable fee ("UCR") used by the company.

A statement such as this gives the impression that any fee greater than the amount paid by the insurance company is unreasonable, or well above what most dentists in the area charge for a certain service. This can be very misleading and simply is not accurate.

Insurance companies set their own schedules, and each company uses a different set of fees they consider allowable. These allowable fees may vary widely, because each company collects fee information from claims it processes. The insurance company then takes this data and arbitrarily chooses a level they call the "allowable" UCR Fee. Frequently, this data can be three to five years old and these "allowable" fees are set by the insurance company so they can make a net 20%-30% profit.

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Unfortunately, insurance companies imply that your dentist is "overcharging", rather than say that they are "underpaying", or that their benefits are low. In general, the less expensive insurance policy will use a lower usual, customary, or reasonable (UCR) figure.

Fact 3 - DEDUCTIBLES & CO-PAYMENTS MUST BE CONSIDERED

When estimating dental benefits, deductibles and percentages must be considered. To illustrate, assume the fee for service is \$150.00. Assuming that the insurance company allows \$150.00 as its usual and customary (UCR) fee, we can figure out what benefits will be paid. First a deductible (paid by you), on average \$50, is subtracted, leaving \$100.00. The plan then pays 80% for this particular procedure. The insurance company will then pay 80% of \$100.00, or \$80.00. Out of a \$150.00 fee they will pay an estimated \$80.00 leaving a remaining portion of \$70.00 (to be paid by the patient). Of course, if the UCR is less than \$150.00 or your plan pays only at 50% then the insurance benefits will also be significantly less.

MOST IMPORTANTLY, please keep us informed of any insurance changes such as policy name, insurance company address, or a change of employment.