Patient Name(s):_____

_____

Policies and Expectations

Patients with Insurance: As a courtesy to our patients, we will file your primary and secondary insurance plans for you. Accurate insurance information must be made available in order for us to submit your dental claims. If the insured changes employer, insurance companies, or insurance benefits, it is the insured's responsibility to notify Kinder Smiles Pediatric Dentistry of these updates. Co-payments, deductibles, and payment for non-covered services are due at the time services are rendered. The remaining balance should be paid promptly after receipt of payment from the insurance company. I assign the benefits from my insurance carriers to Kinder Smiles Pediatric Dentistry for dental benefits that the patient is entitled to. I authorize Kinder Smiles Pediatric Dentistry torelase any information needed to my insurance carrier(s) to determine benefits or benefits payable for related services rendered.

Patients without Insurance: Payment for your child's care is due in full at the time of service. Please inquire in advance if payment arrangements need to be made. For your convenience, we accept credit cards, cash, and checks. We will apply a 10% discount if payment is made in full with cash or a check on the date of service. This discount does not apply to credit card payments.

Collection: I understand there is no guarantee of reimbursement or payment from my insurance company or other payer. I acknowledge full financial responsibility for, and agree to pay, all charges from Kinder Smiles Pediatric Dentistry for all services rendered not otherwise paid by my insurance or other payer. All charges due are payable upon receipt of the bill. If payment is not made within 60 days after receipt of the bill, my account will be considered delinquent and the collection process will begin. If my account is sent to collections, I agree to pay the cost of collection fees, including attorney fees and court costs. I understand that an additional 30% collection fee will be added to my outstanding balance.

Parents/Guardians: We require that you are present with your children to all their appointments unless they are over 18. Although we are sensitive to the fact that you may have more than one child and that more than one family member may want to participate, we ask that only one adult accompany your child during their treatment and that other children who are not being treated remain in the reception area under the supervision of another adult. Our goal is to provide the highest quality of care for your child while also communicating effectively during treatment. We appreciate your help with this!

Missed/Broken Appointment Policy: Due to the limited space in our schedule and the desire to provide timely service to all our patients, it is very important that you keep your scheduled appointments. We ask that you give us the courtesy of a 24 hour notice so that we may use your appointed time to provide treatment to others in need. If no notice is given ,you may be subject to a $25 fee. It is understandable that occasionally you may need to reschedule at the last minute due to an emergency or illness. If your child is scheduled for sedation, we must have your verbal confirmation by 1pm the day prior to the appointment. If confirmation is not received, your child will be removed from the schedule.

Insurance: We follow the guidelines of the American Academy of Pediatric Dentistry regarding frequency of our services. As a specialist, Dr. Kwon considers these guidelines to be the standard of care. These guidelines are not dictated by dental insurance and it is your responsibility to understand your particular insurance plan's timeline for reimbursement of services. If you have questions, the best source to call is your insurance company.

I understand and agree to the above statements regarding Kinder Smiles Pediatric Dentistry office policies and expectations:

_____   _____
Patient or Parent/Guardian Signature   Date

_____
Primary Phone   Secondary Phone   Email

_____
Billing Address