

Allen Dental Group

Appointment & Financial Policies

Appointment Policy

Full Business Day Notice: We work from a schedule that is confirmed 2 full business days prior to appointment. Kindly notify us as far in advance as possible if you are unable to keep an appointment, with a minimum of 2 full business day (48 hours). This allows us the ability to offer the appointment to other patients awaiting care. If you do not show or cancel with less than a full business day notice, there is the possibility of not rescheduling. We appreciate your courtesy in this matter.

Parent/Legal Guardian Present: We require the biological parent or legal guardian to bring patients to their appointments. Guardianship/Adoption paperwork will be necessary where applicable. Identification will be required.

Communication: If a patient, parent or legal guardian is unable to communicate verbally or in English, we will provide an interpreter. Please let us know in advance so arrangements can be made.

Financial Policy

Responsible Party: The individual whom has signed the Consent & Assignment of Benefits Information on the Registration form is ultimately responsible for payment of account balance regardless of whether or not they are the insurance policy holder.

Insurance/Billing: As a courtesy, we accept assignment of benefits for primary and secondary insurance. It is your responsibility to know your benefits and provide our office with complete insurance or billing information at the time of service. Our office cannot guarantee the amount that the insurance company will pay. Your insurance policy is a contract between you, the policy holder and the insurance carrier. Disputes with insurance companies are the responsibility of the insured. Balances which remain after 90 days from date of service will be the patient's obligation

Payment Due at Time of Service: You must be familiar with your insurance benefits. Every effort will be made to provide a Treatment Plan for proposed services (other than routine services) that gives your child the best possible care. Although not a guarantee of payment, we will send a pre-determination of benefits to your insurance company and will use the information to help calculate your portion due. **This amount is your responsibility and will be due in full on the day of service.**

Signature of Responsible Party _____ Date _____

Print Name _____