



# PEDIATRIC DENTISTRY

David L. Goldstein, D.M.D.



## **OFFICE, FINANCIAL AND APPOINTMENT POLICIES**

*We appreciate you for allowing us to provide dental care for your child. Since we value our relationship with you and believe that the best relationships are based on understanding, we offer these explanations of our office policies.*

### **Office Policies**

A parent is welcome to accompany their child on their first visit to view our facilities and personally meet the doctor and staff. For the safety and privacy of all patients, other children and family members who are not being treated must remain in the reception room with a supervising adult. Everyone will make a great effort to ensure that your child feels comfortable and make this appointment a positive experience. A parent is welcome to accompany their child on the first visit, but for the following appointments we desire our staff to accompany your child through the process. We have found that children do much better when they are in the treatment area without a parent. It is very important that we establish a connection directly with your child, which often cannot be accomplished with the parent present. Studies and experience have shown most children react more positively when permitted to experience the dental visit on their own and in an environment designed for children.

### **Financial Policies**

I \_\_\_\_\_ authorize, the office of Dr. David L. Goldstein, to provide insurance carriers with any medical information necessary to process insurance claims. I hereby assign all payment from my insurance company for all services rendered to my child, to the office of Dr. David L. Goldstein.

Payment for services is due in full by cash, check, or charge at each appointment at the time of services are rendered. As a courtesy, not an obligation, we file your dental insurance for you. We do not accept HMO, DMO or PMI insurances. We accept Visa, MasterCard, and Discover. A minimum charge of \$35.00 will be assessed on checks returned for any reason. A 2% monthly finance charge will be added to your account for payment not received after 30 days.

All accounts 90 days past due will be turned over to a Collection Agency.

I am aware that I am responsible for payment of any amount not paid by my insurance company and that billing my insurance company is a courtesy and not an obligation of the office of Dr. David L. Goldstein. Please understand that your insurance coverage is a relationship between you, the insured patient, and your insurance company.

I agree to pay all the cost of collections including but not limited to collection fees and attorney fees.

All emergency treatment must be paid in full at the time of services are rendered. If an emergency occurs after normal business hours, an "After Hours Office Visit Fee" of \$250.00 is due at the time of service.

I \_\_\_\_\_ have read and understand my financial obligation to the office of Dr. David L. Goldstein.

Signature of responsible party: \_\_\_\_\_ Date: \_\_\_\_\_

### **APPOINTMENT POLICIES**

We understand how valuable and limited an individual's time is. We try to be fair with our patients but it is an impossibility to schedule all appointments before or after school and working hours. Because of emergencies or procedures becoming more involved, there are times when we run a little behind schedule. We ask for your understanding and patience, as we will give you the same courtesy and excellent quality of Pediatric Dentistry as all our patients.

The office of Dr. David L. Goldstein has a strict 24 hour cancellation policy, in the event that you miss your scheduled dental appointment. We understand that unforeseeable circumstances occur and sometimes require missing an appointment. However, if you do miss an appointment without notifying 24 hours before your scheduled appointment, a \$50.00 fee will be applied to your account. We have a 24 hour voicemail service where you can leave a message if our office is closed. Sometimes it takes several weeks to reschedule; therefore we ask your understanding if you need to cancel and find you must wait to be rescheduled. If more that 2 scheduled appointments are missed we may no longer be able to provide dental services to your child. This policy is to protect dental appointment times for your child and other children that need care.

I \_\_\_\_\_ have read and understand the appointment policy for the office of Dr. David L. Goldstein.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

*We appreciate you for choosing our office for your child's dental care. We look forward to years of close association with you as we work together to maintain your child's oral health.*