

OUR SCHEDULING POLICY

When your child is here for cleaning appointments, we recommend you schedule the next 6 month cleaning appointment. We will send out reminder post cards 3 weeks before your appointment. We will call 2 days before your appointment to confirm. We require you call back to confirm. If we are unavailable when you call, please leave a message on our voicemail.

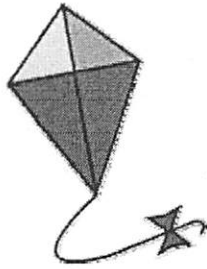
If your child/children are established patient(s) and fail to show up for a scheduled appointment we will be happy to reschedule your child/children.

If your child/children are established patients and fail to show up for appointments on 2 or more occasions, we will cancel all future appointments for your family and send you a letter.

If you fail 3 appointments we will dismiss your family from our practice and send you a letter.

If you are a new family to our practice and you fail the first scheduled appointment, we will not reschedule your family in our office.

Signature



DENTAL CENTER
Children's
OF CENTRAL IOWA, PLC

FINANCIAL PROCEDURES

We believe that it is important that you know what you can expect from our office in terms of financial responsibility. We strive to keep your costs reasonable by using the following procedures.

We ask that you come prepared to pay your child's co-payment charges on the day of service. We accept cash, checks, credit cards, debit cards, or we can assist you with arranging a no or low interest advance from the bank. To save you frustration, we will file your insurance electronically through our computer system as a service to you at no charge.

Please bring your insurance card and your child's social security number on the day of service.

We will calculate as close as possible the amount of your **co-payment, deductible, and any charges that the insurance company does not cover.** It is surprising that most dental insurance companies do not cover certain needed services. These services are still needed, but may not be covered by the insurance company. Examples are fluoride treatments, sealants in some cases, nitrous oxide ("laughing gas"), and some types of fillings. We will do our best to alert you to these situations, although each company is different. **You are responsible for knowing your own insurance policy limitations.**

We are primary providers for Delta Dental Premier, Blue Dental, and Cigna Insurance. We will file claims for you with most other insurance companies for you. Typically, these other insurance companies will pay toward your child's care and often nearly as well as those with whom we participate. Ask us for more information.

I have read this policy and agree to be responsible for payment of all charges incurred. I also understand that my signature gives authorization for insurance submission.

Signature _____ Date _____