



Children's Dentistry of Apex ♦ Ronald Venezie, DDS, MS, PA

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FINANCIAL POLICIES

Effective January 1, 2010

Assignment of Dental Insurance Benefits

Our vision is to provide the highest caliber of comprehensive dental care for children. To help families manage the cost of that care, our practice can accept payment directly from most dental insurance companies. Please note the following:

- Our office has no direct relationship with your dental insurance company and is not part of any dental insurance network. Your benefits are determined by the type of plan chosen by you and/or your employer. We have no control over the determination of your benefits, the terms of your contract, or the method of reimbursement. **Thus, you are responsible for payment in full of any portion of our fees not covered by your dental plan.**
- By signing below, you agree to assign your child's dental insurance benefits to our practice if such assignment is permitted by your dental insurance plan.

Signature: _____

- **NOTE:** Most Delta Dental plans as well as federal employee plans administered by Blue Cross Blue Shield will not make payment directly to out-of-network dentists. Families covered by these plans are expected to pay in full for services at the time they are rendered. As a courtesy to these families, our practice will continue to file their dental insurance claims so that they can be reimbursed directly from the insurance company in a timely manner.
- At the time of each visit, you will be expected to pay the portion of our fees not covered by your dental insurance plan. This portion will be an estimate based on coverage information provided by you and/or your dental plan.
- After full payment has been made by your dental insurance company, you will be billed for any outstanding balance due.
- If full payment by your dental insurance company results in a credit on your account, this will be refunded to you. You also have the option to apply any credit to future dental visits for your child or children. Please note that a credit of less than \$25.00 will be applied to future visits unless you request a refund.

Failed Appointments

Each appointment time is reserved for a specific child. That allows us to devote the necessary time and attention to the children in our practice. When an appointment is canceled on short notice or when a family does not show up for a scheduled appointment, we are unable to offer that time to another child in need of care. Please note the following:

- If you find it necessary to cancel or reschedule an appointment, we ask that you give us 48 hours notice to allow us to offer that time to another child in need of our care.
- Our practice reserves the right to charge a \$50.00 failed appointment fee if you do not show up for a scheduled appointment or if you cancel or reschedule an appointment with less than 48 hours notice.
- In the event of multiple failed appointments, it may be necessary to dismiss a child or family from our practice and schedule no future appointments.

Your signature acknowledges your acceptance of these policies. Your cooperation is greatly appreciated.

Parent Signature: _____

Date: _____



Specializing in Pediatric Dentistry for Infants, Children and Teens
Board Certified, American Board of Pediatric Dentistry
Fellow of the American College of Dentists