

# WEST METRO PEDIATRIC DENTISTRY

## NOTICE OF APPOINTMENT POLICIES & FINANCIAL POLICIES

(Updated 7.2018)

### Appointment Policies

We are happy to reserve appointment times specifically for your child for his/her dental visits. In order to make sure that all of our patients are able to receive timely dental care, it is important to note that any late arrivals and/or missed appointments may result in cancellations, missed appointment fees, and inability to schedule future appointments with our practice.

- If a **cancellation** is unavoidable, please call our office at least 24 business hours in advance. If a cancellation is made with less than 24 business hours' notice, this may be considered a missed appointment and a fee may be assessed.
- If you **fail to arrive** for your child's scheduled appointment without notice, this may be considered a missed appointment and a fee may be assessed.
- Please arrive at least 15 minutes early for your child's appointment. If you **arrive late** for your child's appointment, it may need to be rescheduled to a future date. This appointment may be considered a missed appointment, and a fee may be assessed.
- All patients must be **accompanied by a legal guardian**. If you are unable to accompany your child for his/her appointment, we may need to cancel and reschedule the appointment. This may be considered a missed appointment and a fee may be assessed.
- **Multiple missed appointments** may result in the inability to schedule future appointments with us and a termination of our dentist-patient relationship.

### Financial Policies

- **Treatment Decisions:** Please note, regardless of the insured/uninsured status of a patient, all treatment decisions are based on the medical necessity of the patient and not on insurance coverage or out-of-pocket cost.
- **Payment/Guardianship Status:** Regardless of guardianship status, the person who accompanies the child to his/her appointment is responsible for any payment due at the time services are rendered. We will not bill multiple parties separately for treatment.
- **Self-Pay/Uninsured Patients:** If you do not have dental insurance, we require payment in full at the time of services rendered.
- **Insured Patients:**
  - *Coverage Information in Advance of Visit:* If you do have dental insurance, we must have your current insurance coverage information, including subscriber name, id number, insurance company name, and insurance company phone number, 24 hours prior to your child's appointment time. If this information is not provided in advance of the appointment, we reserve the right to collect for services rendered in full until we are able to verify your insurance coverage information.
  - *Courtesy Insurance Filing:* Please remember that West Metro Pediatric Dentistry files claims to your insurance company as a courtesy to you. We reserve the right to ask for full payment at the time of visit and ask that you submit insurance claims individually if disputes arise.
  - *Copayments at Time of Visit:* Once we have verified your insurance coverage information, we will calculate the estimated amount you owe at the time of services rendered based on information provided by your insurance carrier. This will include any estimated co-payments or deductibles in your plan. This estimated copayment will be due in full at the time of services rendered.
  - *Estimated Payment/Balance Due:* Please remember, this copayment is only an estimate, and is subject to change at the discretion of your insurance company at the time of payment. You will be responsible for any remaining balance after insurance pays, no matter what original copayment estimates were discussed.
  - *Credit Due:* If a credit exists on your account due to an overpayment by you (not your insurance company), we will issue a check for the amount of the credit back to you.
  - *Timely Payment by Insurance:* According to Colorado state law, insurance companies are required to pay claims within 30 days of receipt of this claim. If, for any reason, your insurance carrier has not made payment 60 days after the claim was submitted, you will be responsible for the remaining balance immediately. West Metro Pediatric Dentistry will no longer file claims on your behalf after 60 days post-treatment.
- **Payment Methods:** We accept payment by Visa, MasterCard, Discover, check, cash, and CareCredit. You may make a payment in our office, over the phone, via mail, or on our website at [www.westmetrokidsdental.com](http://www.westmetrokidsdental.com).
- **Payment Plans:** We do not offer payment plans or payment arrangements.
- **Collection Status:** If your account remains unpaid and is placed into collection status, you may not schedule future appointments for your child until the balance is paid in full. Once you have been placed into collection status, we will require that all payments be made in advance of treatment. If your account is sent to a collections agent, your child will no longer be an active patient in our system.

If you have any questions regarding these policies, please let us know at (303) 422-3746 or [info@westmetrokidsdental.com](mailto:info@westmetrokidsdental.com) and we would be happy to clarify. Thank you!