



Ottawa Children's Dentistry

1704 Polaris Circle, Ottawa, IL 61350 • (815) 434-6447 • www.ottawachildrendentistry.com

To Ensure Your Child Receives the Very Best Care

We value our relationship with you and your family, and we believe that the best relationships are based on mutual understanding. Below are our office guidelines for the administrative aspects of your child's care.

APPOINTMENT POLICY: We specifically set a special time aside for your child's needs. **Please be on time to your appointments.** If you are more than 10 minutes late for your scheduled appointment, we will try our best to work your child into the schedule that day. There is no guarantee your child will be seen or all treatment will be able to be completed. As a courtesy to you, we will confirm your child's appointment 2 working days prior to the scheduled appointment. If your schedule requires the appointment to be changed or moved, we kindly request you call our office and let us know at least 2 working days in advance. This allows us to offer your time to another patient or family that may urgently need care. Our goal is to provide excellent care, which we can only do this by seeing our patients. Families that are consistently unable to keep their appointment commitments may be asked to seek care from a different provider and practice.

FINANCIAL POLICY: Please bring your dental insurance card to every visit. At no charge to you, we are happy to bill your insurance company. While we make every effort to help you understand your dental plan and its benefits, it is your responsibility to know the details of your particular policy. We are dedicated to providing our patients with the optimum treatment available and we base our decisions on what is best for your child and not on what your insurance will or will not pay. We will present you with a treatment plan that has an **estimate** of your out of pocket cost. You are expected to pay the estimated portion of your fee when the treatment is done, including deductibles, co-pays, and non-covered services. We can only estimate what your dental plan will pay, if there is any difference **after** your dental plan pays, the balance will become the patient/parent's responsibility and is due within thirty (30) days.

Insurance is a contract between you and your insurance company. There is no direct relationship between our office and your insurance company. Your insurance benefits are determined by the type and design of plan chosen by you and/or your employer and we are not a party to this contract. We have no control over the terms of your contract, the method of reimbursement, or the determination of your benefits. We do not guarantee payment and are not responsible for providing you with the plan limitations, exclusions, and provisions determined by your insurance company. Any amount not covered by your insurance will be your responsibility. If you have questions about your benefits, please contact your insurance company.

We currently are only providers with Delta Dental Premier. We accept, but are an out-of-network provider for all other PPO's and Preferred Options. We DO NOT take HMO/DMO/PMI, or any Medicaid/CHIP. If you do not have dental insurance, payment for professional services is due at the time dental treatment is provided or through a payment arrangement. For the convenience of our patients, we accept cash, personal checks, and most major credit cards. There is a \$35.00 service charge for all returned checks.

DIVORCE/SEPARATION: In case of divorce or separation, the parent bringing the child to the office is the responsible party for the account. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the parent's responsibility to collect from the other parent.

LATE FEE: For patients with a dental plan that assists in payment of services, we expect the patient portion to be paid at the time of service. For patients without dental coverage we expect payment to be made as agreed. For any patient balances more than 30 days past due, a late fee of 1.5% per month (18% APR) may be applied to your account.

MONTHLY STATEMENT: If you have a balance on your account, we will send you a monthly statement. It will show the previous balance, any new charges to the account, any late fees, and any payments or credits applied to your account during the month. Professional fees are the responsibility of the parent or guardian authorizing treatment. For patient privacy reasons, we cannot send statements to other persons.

PAST DUE ACCOUNTS: If your account becomes 60 days past due, we will take necessary steps to collect this debt. If it becomes necessary to forward your account to a collection agency, you agree to pay all of the collections costs incurred in addition to the amount of the bill. You expressly consent to be contacted by Ottawa Children's Dentistry or anyone calling on its behalf, for any and all purposes, at any phone number, or physical or electronic address you provide or which you may be reached, including any wireless phone number.

PRIZES: You may allow your child to have prizes at their own risk. **Warning:** Items in the treasure chest may pose a choking hazard. Small prizes are not for children under 3 years old. Prizes may also contain unknown and/or harmful materials. Parents accept **all** responsibility and will not hold Ottawa Children's Dentistry or its employees liable.

Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect. By signing this agreement, you are agreeing to pay for all services that are received. I have fully read and understand the information about scheduling my child's appointments as well as my financial responsibilities regarding the charges incurred during my child's dental visit.

Date

Patient Name

Parent (or Legal Guardian) Name

Parent's (or Legal Guardian) Signature