Sunnyside Dentistry for Children
11411 SE Sunnyside Road, Suite 101 Clackamas, OR 97015 503-855-5100

PATIENT NAME	DOB	PATIENT NAME	DOB
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APPOINTMENT AND FINANCIAL POLICY

WHEN WE WELCOME A NEW FAMILY TO OUR PRACTICE, WE ALSO WELCOME ANY COMMENTS YOU MAY HAVE ABOUT OUR POLICIES. PLEASE READ THE FOLLOWING, INITIAL, SIGN AND RETURN AT THE FIRST VISIT. FEEL FREE TO CALL IF YOU HAVE ANY QUESTIONS BEFORE THE FIRST APPOINTMENT. THANK YOU.

APPOINTMENTS:

An appointment written in our schedule, with your child's name on it, is a bond of trust that we will be here to serve you and that you will be present and on time for that appointment. For all of us, time is important and we do our best to ensure that you are seen promptly. Working with small children, there are no guarantees. We appreciate your patience. Please be assured that your child will also receive the same extra attention.

If you must change an appointment, we request two business days' notice. In the event of illness, call the office as soon as possible. Feel free to leave a message on our 24-hour voice mail. We have many children waiting for earlier appointments. We charge a fee of $50.00 for "no show" appointments and appointments cancelled without two business days' notice.

APPOINTMENT REMINDERS:

Sunnyside Dentistry for Children, PC utilizes text messages and email to communicate with our families. You may confirm or request a call back regarding any appointments by simply responding to the text and/or email messages. For faster responses, please call our office at 503-855-5100. If you give consent for text and email reminders and other communication regarding your appointments, we ask that you sign below.

INSURANCE, PAYMENTS AND FINANCIAL POLICY:

Our office provides dental care as determined by the American Dental Association and the American Academy of Pediatric Dentists. Most insurance companies do not follow these guidelines and may have limits or exclusions for the recommended treatment. Our goal is to treat your child using the best and most effective materials in a safe environment and not necessarily the least costly. However, it is up to you to know your insurance policy and any possible limitations and exclusions.

We are in-network with a great deal of dental insurance plans to help reduce your out of pocket obligation. Also, as a courtesy, we will submit dental claims on your behalf if active insurance coverage is provided. If insurance is not active at the time of service, has changed, or there is more than one insurance active at the time of service, it is your obligation to inform our office of these changes **prior** to your scheduled appointment.

If dual insurance is active it does NOT mean you have 100% coverage. There are also laws and regulations specifying which insurance is considered primary and which is secondary and other circumstances may change the norm as well (i.e. divorce decree's, date of birth, etc.). Many insurance companies do an annual coordination of benefits evaluation, even if you no longer have dual insurance a questionnaire may be sent to you. These questionnaires need to be completed and returned to the insurance company in a timely manner, if not, insurance may deny payment on your claim. If we are unaware of your insurance changes there may be additional delays when processing claims and incorrect quotes may be given, resulting in additional out of pocket costs to you. In the event of insurance delays or disputed claims beyond 45 days, you are required to pay your account in full and arrange for reimbursement by your carrier. Our ultimate goal is to help you maximize your benefits.

All estimated copayments are collected at the time treatment is provided from the individual accompanying your child(ren). Please understand, we do our best to estimate your out of pocket cost but there is never a guarantee of payment from your insurance and you may still have a balance once insurance has paid the claim. Upon request, we can submit a pre-treatment estimate to your insurance company; this is still not a guarantee of payment. Again, all remaining balances after insurance has paid their portion will be billed to the individual marked as the responsible party in our system (note: this may be the head of household, not the policy holder).

Please remember that insurance only assists in payment and rarely covers your full cost. Ultimately, you are responsible for all charges, regardless of insurance coverage.

We accept cash, checks, debit and credit cards. In some instances, extended payment arrangements can be discussed for follow up treatment. When approved, we have low interest or deferred interest plans available through CareCredit. Applications for CareCredit are available online.

Finance charges are not assessed on current accounts. For accounts 60 days past due, a finance charge will be imposed on services not paid in full. The finance charge is a periodic rate of 1.25% per month, which is 15% annual rate, with a minimum charge of $1.00. A billing fee is imposed after 60 days at the rate of $5.00 per month. Delinquent or unpaid accounts are turned over to QCI, Inc. for collections. A $25.00 fee is charged to your account for any bank returned check.

I ACKNOWLEDGE I HAVE READ THIS FINANCIAL POLICY AND I AM RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT PAID BY INSURANCE.

FOR PATIENTS WITH DENTAL INSURANCE:

I hereby authorize payment of the dental benefits, otherwise payable to me, directly to Sunnyside Dentistry for Children, P.C.

NOTICE OF PRIVACY PRACTICES-HIPAA ACKNOWLEDGEMENT

We have our Notice of Privacy Practices available for you to view at your first appointment. You will need to sign in the office or if you wish, you may sign now.

I have read and understand the above information and have been offered a copy of the Notice of Privacy Practices for my review.

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PRINTED FULL NAME RELATIONSHIP TO PATIENT(S)

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SIGNATURE DATE SIGNED