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Policies for our Patients with Insurance

Child's Name _____ Date of Birth _____
Parent's Name _____

Welcome to our office! We are pleased that you have chosen us to take care of your child's dental needs. To make our time together most efficient and enjoyable, we have listed several office policies.

Please read them carefully.

1. *Be on time for your appointment.* If you are more than 10 minutes late, you risk cancellation of your appointment and inactivation of care.
2. *Bring your current KY Medicaid Card or Insurance card to every appointment.* **We cannot treat your child without a current Medicaid card at the time of each visit.** If you do not present a current card, you risk the appointment being considered missed and to be inactivated.
3. *Inform us of change in your eligibility.* You will be billed if you are not eligible. **It is also your responsibility to inform us of any change of address or phone number.**
4. *Due to the amount of paperwork and office time to process Insurance claims, we will file your insurance for payment one time.* If your insurance denies payment, pays less than estimated or has changed, you become responsible for payment of any remaining balance.
5. *If your dental treatment plan includes the need for hospital facility and anesthesia, you will be charged and billed separately from the hospital.* We will approve your health insurance for coverage, but we are not able to estimate the hospital and anesthesia charges.
6. **A BROKEN APPOINTMENT MAY RESULT IN OUR NOT SCHEDULING FOR YOUR CHILD'S FUTURE TREATMENT.**
7. *A 24-hour notice must be given for cancellation of an appointment, or it will be considered a broken appointment.* Telephone voice-mail is available 24 hours a day.
8. Patients who cannot be contacted by the telephone or mail service for over 12 months may be inactivated.

These policies are for the benefit of everyone. If you have any questions, please ask our office staff.

Thank you,
Drs. Barbee and Staff

I have read and understand the above policies.

Signature _____
Relationship to child _____ Date _____