



Dr. Camps Pediatric Dental Center

We strive to provide our patients with the best possible care according to the Guidelines of the American Academy of Pediatric Dentistry.

Those recommendations include but are not limited to:

- Oral examination and cleaning at least once every 6 months
- Topical fluoride application at least once every 6 months
- Application of sealants to all posterior teeth
- Use of resin based composite material for one and two surface fillings

Appointments – 24 hours’ notice is required to cancel appointments. Missed appointments and same day cancellations will be assessed a \$50 fee, payable immediately. We understand that conflicts occur, however, the more notice given, the better chance we have to appoint another child in need of care. We ask that you respect our schedule as we do yours by seeing our patients in a timely manner.

Self-Pay Patients – Payment in full is required at the time services are rendered.

Medicaid Patients – It is your responsibility to confirm your eligibility. If at the time of service, you are not eligible for benefits, you will be responsible for all charges. The office will allow **2 no show or same day cancellations**. After that we will provide emergency care only for 30 days to allow you time to find a new dentist.

Assignment of Benefits – The practice will accept assignment of benefits **IF** all the pertinent information is provided prior to the appointment **and** the insurance company will accept assignment to the dentist.

Patients with Insurance - Your insurance policy **may or may not** follow the American Academy of Pediatric Dentistry Guidelines. **IT IS YOUR RESPONSIBILITY TO KNOW YOUR OWN COVERAGE. If you do not want us to provide the recommended standard of care for your child, it is your responsibility to notify us.**

As a courtesy, we will file your claims. Any estimate given to you by the practice is purely an **“estimate”** and is due at the time of service. Insurance companies do not guarantee any payment until they receive the claim, review it, and process it according to the specific policy terms. If there is a balance after the insurance payment is received, a bill will be generated and sent to you for immediate payment. If the claim has not been paid by the insurance company in 45 days, we require you pay the balance using one of the approved payment methods.

Payment Methods – We accept cash, electronic funds transfer, personal checks, Visa, Master Card, Discover and American Express. **The name OCA and/or OrthoSynetics, Inc. will appear on your bank statement instead of Dr. Camps Pediatric Dental Center.** All items returned for non-sufficient funds are subject to a \$25 fee.

Balances – We have retained an outside management company, OrthoSynetics, Inc. to handle the follow up on our insurance claims and patient balances. If you have any questions about your account or statement, please call OrthoSynetics Dental Financial Services at (800)779-0126. Any account that still has a balance after 30 days will receive a follow up call from an OrthoSynetics Account Manager.

- OrthoSynetics Account Managers are able to process check and credit card payments over the phone to assist you in clearing any balances you may have. They can be reached at (800)779-0126.
- Once attempts have been made by phone and there is no response to courtesy calls, the Account Manager will send a “15 days to pay” letter.
- If there is no response to the “15 days to pay” letter, the account will be sent to a 3rd party collections agency. You will be responsible for any costs incurred to collect including, but not limited to, collection agency fees, attorney fees, and court costs.

I have read and understand these guidelines and I accept the financial responsibility for this account.

Patient’s Name _____

Patient’s D.O.B. _____ DATE _____

Responsible Party Name _____
Signature *Print*

Witness _____ DATE _____