
Larry Caldwell, D.D.S.

*15200 Southwest Freeway, Suite 320
Sugar Land, Texas 77478*

Office Policies

The person accompanying the patient is responsible for the account regardless of who carries the insurance on the patient.

We request that the person accompanying the child not leave the premises until the appointment is over, in the event a question arises regarding the child's appointment.

A broken appointment is a loss to everyone. As a courtesy, please allow a **24** hour notice for any schedule changes.

Dr. Caldwell, as a courtesy, will accept and file your insurance for you, HOWEVER, WE ARE NOT A PARTICIPATING PROVIDER ON ANY DENTAL PLANS, THIS MEANS YOU ARE RESPONSIBLE FOR THE DIFFERENCE BETWEEN OUR FEE AND THE INSURANCE ALLOWABLE FEE.

THE ONLY HMO/DMO WE ARE AFFILIATED WITH IS CIGNA (AGE LIMIT IS UNDER 7 YEARS OLD). IF YOU HAVE AN HMO/DMO, THEN YOUR INSURANCE WILL NOT PAY OUR OFFICE. I am aware that insurance will cover an estimated percentage of most dental procedures and the portion that is not covered by insurance is due at the time services are rendered, unless other financial arrangements have been made prior to the dental appointment.

I am aware that some procedures are subject to a deductible and if it has not been met then I will pay this at the time services are rendered unless other financial arrangements have been made prior to the dental appointment.

If you have secondary insurance (two DENTAL plans), it does not necessarily mean that these combined insurances will cover your services 100%. It is up to you, the insured, to know how the two dental plans will coordinate benefits. We do not file secondary insurance.

I hereby agree to assign all insurance payments to Dr. Larry Caldwell. I am aware that my insurance company may not cover all of the professional fees. I hereby agree to pay, within 30 days, any outstanding balance following payment by the insurance company unless other financial arrangements have been made.

I agree that if the insurance fails to pay Dr. Larry Caldwell within (60) days of the rendering treatment all fees are due and payable at that time.

In the event the insurance company pays you the patient instead of Dr. Larry Caldwell, I agree to forward the payment to Dr. Larry Caldwell.

In the event a check is returned from a financial institution, a return check fee of \$20.00 will be applied.

In the event of default, I promise to pay legal interest on the indebtedness together with such collection costs as may be required to effect the collection of this note.

SIGNATURE: _____ DATE: _____