

**Caldwell and Steinbring
Dentistry for Children**

*15200 Southwest Freeway, Suite 320
Sugar Land, TX 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.

The practice, as a courtesy, will accept and file your insurance for you, HOWEVER, WE ARE NOT A PARTICIPATING PROVIDER ON MANY 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 insurance 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 Caldwell and Steinbring, PLLC. 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 payments by the insurance company unless other financial arrangements have been made.

I agree that if the insurance fails to pay Caldwell and Steinbring, PLLC 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 Caldwell and Steinbring, PLLC, I agree to forward the payment to Caldwell and Steinbring, PLLC.

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.

Due to privacy policies, we do not allow cell phone or camera usage in our treatment areas. You may use your phone in the waiting areas.

We are now offering email statements- Would you like to receive your statement this way? YES ___ NO ___
Please make sure we have a valid email address.

SIGNATURE: _____ DATE: _____