

GATEWAY PEDIATRIC DENTISTRY OFFICE POLICIES

We would like to take this opportunity to welcome you to our practice and thank you for choosing our office to provide dental care for your child. We value our relationship with you and believe that the best relationships are based on understanding. If you have any questions or concerns please feel free to ask any member of our staff.

Payment

Payment is due for all treatment completed on the day the service is rendered. We accept MasterCard, Visa, Interact/debit, and Cash. We do not accept personal checks.

Dental Insurance

As a courtesy to you, our staff will complete the dental portion of the insurance claim form and submit to your insurance for your reimbursement. To expedite processing, please ensure you provide our office with any changes in insurance coverage, address and phone numbers.

Please be advised that dental insurance or benefits are a contract between you, your employer and your insurance company. Under the Privacy Act, the majority of insurance companies will not provide our office with any details regarding your coverage. We cannot influence how much of our fees your insurance will cover. Your insurance benefits are determined by your individual policy and carrier. Our objective as dental health care providers is to diagnose any treatment required according to each patient's particular needs. We do not know if your insurance will cover the treatment we diagnose, as this is only outlined in your policy handbook. You will be responsible for fees incurred and balances not covered by your insurance.

Nitrous oxide, conscious oral sedation, general anesthesia, and appliances are not always covered by dental or medical insurance.

If you require a "predetermination" we will provide a treatment plan for review by the third party payer. However, please remember that the financial obligation for treatment is between you and this office. The third party payer is responsible to you and not this office. If you require assistance in understanding your handbook, we would be happy to do so. Please be advised however, that a response from your insurance company may take four to six weeks to obtain.

Late or Missed Appointments

The time booked for your appointment has been reserved for you. We will contact you prior to your appointment to confirm the date and time. In consideration of our staff and other patients, **we require at least 24 hours or one business day notice on all cancellation or rescheduling of appointments.**

We look forward to providing you with excellent dental care. If you have any questions or concerns, please feel free to ask any of our staff.

Sincerely,

Dr. Richard Graham, Dr. Brian Lam, Dr. Adam Palmer, Dr. Simrit Nijjar and Dr. Maria Ray

I ACCEPT AND UNDERSTAND THE ABOVE POLICIES AND AGREE TO ABIDE BY THEM.

Parent/ Legal Guardian Signature _____ Date: _____
Patient Name: _____