

# Doc Bresler's Cavity Busters

## Office Policies

**Zero Balance Office:** We do **NOT** bill patients - only Insurance Companies. Payment is due at the time of treatment. We accept cash, check & major credit cards. We also have no interest and low interest payment plans through Care Credit. Please ask for information.

**Recall Visit:** Fluoride treatments & indicated x-rays are performed every 6 months unless you tell us otherwise.

**Work:** Dental treatment may include sealants, white (composite) fillings, silver (amalgam) fillings, pulp treatment (root canal), crowns, bondings, and/or extractions. Please check with your insurance company prior to your visit to see what procedures are covered and whether you will have a co-pay or deductible the day the services are rendered. Our doctors develop a treatment plan to provide the BEST care for your child - not based on what is covered by your insurance company.

**Referrals or Insurance Forms:** Required referrals or insurance forms must be brought in the day of your child's appointment or the visit will be rescheduled.

**Emergencies:** True emergencies involve severe pain, swelling or bleeding. We will do our best to accommodate true emergencies.

**Leaving the Office:** Please do not leave the office during your child's visit. Treatment plans sometimes change during the procedures and the doctor may need to speak with you.

**No Show Policy:** We have a strict "no-show" policy in place. You must call us 24 hours in advance if you cannot make your appointment. Anyone who misses 3 appointments without calling 24 hours in advance will be dismissed from the practice.

**Predeterminations:** These are only estimates. Your insurance company will not provide us a 100% accurate fee until the work is completed and they receive your claim from us. We try to gather as much information as we can, but please remember that insurance is a contract between you and your Insurance Company.

By signing this form, you acknowledge that you have received this form and adhere to the office policies of Doc Bresler's Cavity Busters. You also understand that this form is responsible for all family members.

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Signature of Parent/Guardian

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Date