

Informed Consent

Regarding Children

We ask that parents please wait in the reception room. Most children are much better patients without their parents with them. Before treatment is started on children, we must have an adult's consent.

No-Show and Cancellation Policy

Your visit has been reserved for you. A **72** hours notice is required for cancellation or a **Broken/Cancelled** appointment fee of **\$25.00** will be assessed. This fee can and will increase due to continuous cancellations or can result in dismissal from our practice. This charge covers a very small portion of the overhead which is incurred whether or not you are present. We also reserve the right to reschedule any patients more than 10 minutes late to their scheduled appointments.

Emergencies

During normal business hours we make every effort to accommodate patients having a dental emergency. There is a **\$40.00** fee (that the insurance does not cover) to be put into the schedule if time is available. In the event that you require care outside of normal business hours, we have a voicemail system in place. Or you can visit your local hospital.

Financial Policy

If you have insurance which provides coverage for Dr. Rodney O'Connor and this treatment, we would be happy to assist you by completing your claim forms, and mailing them to your insurance company for direct reimbursement to our office. We do not participate with all insurance plans. It is prudent that you know your individual insurance plan to avoid surprises pertaining to your benefits and limitations. Any balances, after your insurance has made its payment are your responsibility. Please notify our office of any insurance changes.

Financial Agreement

Our office requires that you pay any copays and deductibles at the time of service. We accept cash, check, Visa, MasterCard, American Express, Discover, and money orders. Our office will also assist you in applying for Care Credit. To help keep our billing cost down, we do not send statements unless the insurance has not covered your service in full. **All accounts past due 30 days will receive a \$10.00 service fee per month** until the account has been cleared to zero. We only send two statements, after the second statement the account is sent to our collection agency, Creditors Specialty Services. Once an account has been placed in collections, any future services will be on a cash basis only. (Insurance will reimburse the patient) A 33% upcharge will be assessed for all accounts placed into collections. If account has been placed more than once, No Future Appointments – **NO EXCEPTIONS!**

*All services not covered by your insurance are your responsibility. The doctor may also charge a \$5.00 fee for any additional professional services rendered at your request, such as phone contacts, preparation of special forms, insurance reports, court time, and consults with other professionals, etc.

Statement of Understanding:

I have read and understand this information sheet and informed consent.

Patient (Parent or Guardian if minor)

Date

Office Staff

Date