



EVAN G. LONG, DDS, PA

Pediatric Dentistry

PAYMENT ARRANGEMENT

Thank you for choosing our practice to help with your child's dental needs. We are looking forward to a long-term relationship based on trust, communication and understanding. We are willing to openly discuss any questions regarding finances that you may have. Please understand that we do operate on a fee-for-service basis and therefore payment is required at each appointment, unless prior arrangements have been made. We also need for you to be aware that the parent bringing the child to the office is responsible for payment. Upon checking in for appointments, please advise us of all insurance policies.

Please be aware we are **NOT** an exclusive participant of any discount dental plan (DMO, HMO, PPO), but with verification of your insurance, we will file your claims for you as a courtesy. For restorations or major treatment however, we ask for one-third (1/3) of the cost on the day of treatment. If your child needs sedation/hospital care we will discuss financial arrangements at the time treatment is proposed. If we do not receive payment within five (5) weeks from the date of treatment from your insurance company, you will be expected to pay for all dental services. If we receive payment from your insurance company we will send you a statement if there is a balance, or we will send you a refund check if there was overpayment. We ask that you pay balances promptly to minimize the inconvenience and cost of collection efforts.

We will begin charging a service fee of 1.0% per month, (12% annually), on balances exceeding 60 days. In addition you agree to pay additional fees and expenses incurred due to late payment.

APPOINTMENTS

Patients are seen by appointment only. Please call in advance so that we may reserve a time for you. The office telephone number is 704-795-2300. We make every effort to be on time for our patients and ask that you extend the same courtesy to us. If you cannot make your appointment with us, please call at least 48 hours in advance. We may be able to use the time that was reserved for your child in a way that could be very helpful to another patient.

In consideration of our patients that are waiting to be scheduled it is necessary to charge for broken appointments. The minimum fee will be \$44. If you miss two or more appointments without notice we will help you locate another dentist who better suits your schedule.

I have read and understand the information above, Signed: _____ Date: _____

Again, please be aware we are **NOT** an exclusive participant of any discount dental plan (DMO, HMO, PPO) , but with verification of your insurance, we will file your claims for you as a courtesy.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of this office's Notice of Privacy Practices.

{Please Print Name} (Signature) (Date)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)