

Financial Agreement

Thank you for choosing Texas Redbud Dental, PC for your child's dental health needs. Please understand that payment is considered a part of your child's treatment. The following is a statement of our financial policies, which we ask that you read and sign prior to your child's visit.

Medicaid/CHIP: Your child will need to be assigned to Dr. Goldman as his or her "dental home" through your insurance carrier (Medicaid, DentaQuest, MCNA) in order to be seen in the office. This change can be made by phone. It must be made by the parent listed with the insurance company.

CHIP: Some recommended procedures may not be covered, or your child's treatment plan may exceed the yearly allowance for dental treatment. Any copayments, procedures that are not covered or amounts that exceed the yearly allowance are the financial responsibility of the parent/guardian. We will do our best to communicate these to you in advance.

Other insurance plans: We may accept assignment of insurance benefits; however, the parent/guardian is responsible for any balance remaining regardless of the insurance company's determination of usual and customary fees. We ask for accurate and updated insurance information so that we may assist you in filing claims. It is the responsibility of the parent/guardian to be familiar with the child's insurance coverage, including provisions and exclusions of the policy. We will work with you to understand your insurance benefits.

I have read and understand this Financial Agreement.

Patient name (print): _____ Date: _____

Parent/guardian (print): _____

Signature of parent/guardian: _____

Appointment Policy

We request at least 24 hours notice for a cancelled appointment. In case of illness or emergency, please let us know as soon as possible. Patients arriving more than 15 minutes past their scheduled appointment time may need to be rescheduled to allow adequate time for the visit.

Repeated missed or late arrival for appointments may result in the following: call for next-day appointment availability only, siblings scheduled on different days, prepayment required to schedule an appointment, patient dismissed from the practice.

For all our patients' and staff safety, Texas Redbud Dental, PC reserves the right to refuse services to anyone being verbally abusive, threatening physical abuse, possessing illegal substances, possessing unlawful/unauthorized handgun or other lethal weapon, or other behavior deemed threatening to themselves or others.

To our valued patients: It is our goal to see your child promptly and minimize your waiting time in the office. If there is a wait to see Dr. Goldman, we will do our best to communicate it to you. Please understand that children's behavior varies widely and emergencies occur.

Parents, guardians, and others are asked to remain in the waiting area unless the doctor determines that the patient's appointment will have a better outcome with the parent or another party present in the treatment area. Parents interested in accompanying their child to the treatment area should let the front desk know.

I have read and understand the above Appointment Policy.

Signature of parent/guardian: _____ Date: _____