



**Andrew I. Horng, DDS**

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## OFFICE POLICIES

Thank you for choosing Rockville Pediatric Dental for your child's treatment. We are committed to providing your child with quality dental care. The following is a summary of our office policies for your review. We will be happy to answer any questions that you may have.

- We do participate with a select number of dental insurance plans. Because our insurance participation is reviewed and negotiated on an annual basis, the companies with which we participate are subject to change annually. Please check with our office staff for confirmation of current participation. Your insurance coverage is an agreement between you and your insurer. We will submit dental claims to your insurance company for consideration of benefits. If for any reason they do not pay, or pay less than expected, the balance becomes your responsibility. Regardless of insurance affiliation, you are ultimately responsible for all costs incurred.
- We understand that under certain circumstances, such as when extensive treatment is rendered, an account balance may be incurred. In these instances we ask that the outstanding balance be paid in full within thirty days, unless other arrangements have been made in advance.
- Our estimation of dental treatment expenses will provide you with the anticipated treatment needed and the projected cost of having the treatment completed. It is only an estimate, and may not reflect the exact treatment needed or the exact cost to be incurred. More extensive treatment may be required once restoration is initiated, as additional cavities are sometimes detected during treatment and areas of decay may be found to require more complex restoration. While we make every effort to be as accurate as possible with our initial estimation of costs, additional treatment will result in added fees for which you will be responsible. All estimates are valid for three months.
- We accept payments in the form of cash, check, Visa, and MasterCard. A \$25 fee will be assessed for any check returned to our office by the bank.
- **A parent or legal guardian must accompany the patient to the dental appointment. Guardians must provide legal documentation of guardianship.**
- If you find it necessary to cancel your appointment, we ask that you contact our office as soon as possible. Please give us at least 24 hours notice so that we may offer your appointment time to another patient who is in need of treatment.
- When an appointment is scheduled, a specific time slot is allotted for each patient. New patients should arrive 10-15 minutes prior to your scheduled appointment time. This will allow time to complete any necessary paperwork and/or to input your information into our computer system. Returning patients should arrive 5 minutes prior to your scheduled appointment time. This will allow time to confirm that information given in the past is still current, as well as for completion of any additional paperwork.
- We strive to stay on schedule and to see patients at their scheduled appointment time. Very occasionally we may find it necessary to see a patient on an emergency basis due to acute symptoms or injury. We appreciate your patience should this occur during your appointment time, and assure you that we would do the same for your child should the need arise.
- **Missed and cancelled appointments, as well as late arrivals, affect other patients. A \$50 fee may be assessed for all missed or cancelled appointments without 24 hours notice. The office reserves the right to dismiss a patient for cancelling an appointment without 24 hours notice, for missing an appointment at any time, or for arriving late for more than one appointment.**

Thank you for your understanding and cooperation. We look forward to working with you and your child.

**I have received a copy of Rockville Pediatric Dental's office policies and understand that I am ultimately responsible for all costs incurred. I certify that I have read, understand, and agree to the terms of this policy.**

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Parent/Guardian Signature

Date