

Febres Dentistry for Children
2000 S Dairy Ashford, Suite 530
Houston, TX 77077
281-597-04-04

Office Policies

- The person accompanying the patient is responsible for the account regardless of who carries the insurance on the patient. We request that the person accompanying the child not leave the premises until the appointment is over, in the event a question arises regarding the child's appointment.
- A broken appointment is a loss to everyone. As a courtesy, please allow 24 hour notice for any schedule changes.
- Dr. Carolina Febres, as a courtesy, will accept and file your insurance for you, HOWEVER WE ARE NOT A PARTICIPATING PROVIDER ON ALL DENTAL PLANS, THIS MEAN YOU ARE RESPONSIBLE FOR THE DIFERENCE BEWTEEN OUR FEE AND THE INSURANCE ALLOWABLE FEE.
- I am aware that some procedures are subject to a deductible and if it has not been met then I will pay this at the time services are rendered unless other financial arrangements have been made prior to the dental appointments.
- If you have a secondary insurance, it does not necessarily mean that these combined insurance will cover your services 100%. It is up to you, the insured, to know how the two dental plans will coordinate benefits.
- I hereby agree to assign all insurance payments to Febres Dentistry for Children, P.A. I am aware that my insurance company may not cover all the professional fees. I hereby agree to pay, within 30 days, any outstanding balance following payment by the insurance company unless other financial arrangements have been made.
- I agree that if the insurance fail to pay Febres Dentistry for Children, P.A. within 60 days of the rendering treatment all fees are due and payable at that time.
- In the event the insurance company pays you, the patient instead of Dr. Febres, I agree to forward the payment to Febres Dentistry for Children, P.A.
- In the event a check is returned from a financial institution, a return check fee of \$20.00 will be applied.
- In the event of default, I promise to pay legal interest on the indebtedness together with such collection costs as may be required to effect the collection of this note.

SIGNATURE _____ DATE _____