



Randall E. Niederkohr

Board Certified Pediatric Dentist

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Dental Office Policy

Welcome

Dr. Niederkohr and Staff welcome you to our office for Pediatric Dentistry. We are here to provide your children with oral care so everyone has a healthy and happy smile. If we may ever be of assistance to you to answer questions, please feel free to contact us at any time. As part of our oral health care we need you and your children to be great brushers and flosses on a daily basis. The diet of each child also plays a large part so each visit can be a cavity free one.

Appointments:

We schedule appointments to allow each patient to receive attention with a minimum of waiting. We expect that you will give the office a courtesy call if you are unable to keep the appointment set aside for your child/children, or if you will not be able to arrive on time. If you are 10 or more minutes late, we reserve the right to reschedule the appointment.

Broken appointments without notice to the office may result in our inability to schedule you child/children for future appointments. A \$25.00 cancellation / failed - no show fee will be applied to your account if 24 hour notice is not given. This fee is not covered by insurance and will be your responsibility. Please remember we have set aside this Doctor time for your child's valuable oral health care and this time is of value to the office.

Financial Arrangements:

Payment of dental services are expected and required at the time of service. This will include:

- ♦ Insurance deductibles.
- ♦ Co-payments.
- ♦ Nitrous Oxide (Laughing Gas). Nitrous Oxide is not covered by insurance and will be your responsibility.
- ♦ White filling material on back teeth as some insurances only allow silver filling material.
- ♦ Any service not covered by your insurance.
- ♦ If it is deemed by your insurance carrier that you are actually not eligible or your benefits have been terminated, you will be billed this office's usual and customary fees. The time frame to resolve any insurance issues by you or by this office in your behalf will be 90 days and will not exceed past that time. If your insurance co-payment or deductible is more than 30 days past due, your account will be charged 18% interest.
- ♦ There is a \$30.00 fee for returned checks.

Please stop at the front personnel office after your child's visit to make the necessary payments for services rendered that day. Otherwise, an additional statement fee of \$5.00 will be added to your account for lack of fulfilling financial obligations before leaving our office. We look forward to assisting you and your children for years of healthy and happy oral care.

Patient's Name: _____

Patient/Guardian Signature _____

Date _____

Privacy Policy Available Upon Request