

Barry D. Lyon, D.D.S. & Associates, L.L.C.
Pediatric Dentistry

Dear Parents:

Welcome to our office! We trust that you will be happy with the care provided, and hope that your child's dental experiences will be pleasant ones. In order to avoid any confusion, we have developed the following office policies.

Patients With Insurance: We will be happy to file all claims as a courtesy. If necessary, we will send a pre-determination of benefits to your insurance company. This will state how much the insurance will cover and how much will be due by you. Please note, some routine dental services are not covered in full by all insurance carriers. Payment of insurance balances will be due at each appointment. We accept MasterCard, VISA, and Discover.

Patients Without Insurance: We will be happy to provide you with a written estimate of costs if you have no insurance. All fees are due at the time of service. We accept MasterCard, VISA, and Discover.

Minor Patients: The parent or guardian accompanying the minor is responsible for full payment. In the case of divorced or separated parents, the **parent who brings the child** for treatment shall have full responsibility to pay all charges. This office will not become involved in reimbursement requests and will not separate or split bills.

Returned Checks: There will be a \$30.00 charge for returned checks.

Emergency Coverage: There is 24 hour emergency coverage. A call to (410) 760-1212 will connect you to an answering machine and a recorded message will direct you how to contact Dr. Lyon or one of his associates.

Duplication of X-Rays: Original x-rays and records are the property of this office and *always* remain in this office. Maryland law allows 21 (twenty-one) days for an office to provide the duplicates. **We must have at least seven working days notice if you wish to have your x-rays and records duplicated. Please ask to see our records duplication fee schedule.** Initials _____

Please feel free to approach any of us anytime you have a question about your child's care or about any charges that have been incurred. We truly value your trust and confidence and will try to provide you with the finest professional care available.

Professional appointment times are very valuable. Our office tries to accommodate the busy schedules of our patient's parents. Therefore, we ask that you be considerate of other parents and our staff by informing this office, at least 36 hours in advance, if you will be unable to keep your appointment(s). There may be a \$50.00 canceled appointment charge *per child* if appropriate notice is not given. This office reserves the right to terminate professional treatment of any patient who continually fails to keep scheduled appointments.

Signature of Parent/Guardian _____ Date _____