

**Office Policies**

We recognize that your time is valuable; therefore we make a concerted effort to begin appointments promptly, please arrive on time. Do understand that the nature of our office involves emergencies that can alter our schedule. We ask that you extend a courtesy to these families, just as you would expect if it were you or your child who needed urgent care. If you are unable to keep an appointment, **please notify our office 24 hours in advance so that we can offer that time to another patient in need of treatment. Failure to notify us will result in a $50 minimum charge per visit or hour.**

**Insuring the Privacy of our Patients**

In our experience, children focus better without a parent present, thus fostering a more positive experience for your child in our care. We will, however, welcome a parent into the operatory. If you choose to accompany your child we ask you to respect the privacy of our other patients. We can only allow a one parent to one child ratio in the operatories. If you plan to be with your child, please make arrangements for your other children as we cannot allow having children unattended in the reception area. We politely ask that you silence your cell phones and your other mobile devices as a courtesy to our doctors, staff, and other patients. Any interruption would impact patient care and impinge on the privacy of others.

**Financial Provisions and Insurance**

To reduce billing cost and maintaining reasonable fees, we require that you pay for your treatment at the time visit. Please understand that under Colorado Law the parent who accompanies their child to their visit is responsible for payment of all charges. Legally, we cannot send statements to other people. For your convenience we accept payments rendered by cash, Visa, MasterCard, or CareCredit.

 **Printed Name of Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guardian or Patient Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**