



APPOINTMENT AND FINANCIAL POLICY

APPOINTMENTS

We encourage parents to relax in reception room during the child's visit. This helps us develop a one-on-one relationship of trust and cooperation with your child and allows us to have their undivided attention.

Appointments are scheduled depending on the treatment needed and the age of your child. We will work with you to schedule an appropriate time for your child's age and dental requirements. **Small children are seen in the morning when they are their freshest.** Older children will be seen in the afternoon. **We will not always be able to schedule appointments after school therefore we are always glad to give your child a school excuse.**

The length of appointments is planned exclusively for your child and allows enough time to accomplish the planned treatment. These times are scheduled with the utmost consideration of your child and his/her special needs. It is very important that we are allowed to have the appropriate amount of time to spend with your child. If you are late for an appointment, this does not allow us the time we have reserved for your child and may delay the completion of treatment. This will possibly result in the need of another appointment, the child missing school and the parent missing work.

Initial *

PLEASE BEWARE THAT IF YOU FAIL TO SHOW TO AN APPOINTMENT OR CANCEL LESS THAN 24 HRS THERE MAY BE A FEE INCURRED OF \$25.00.

We recognize the value of your time. You can expect us to be on time for you and we would appreciate the same courtesy. We understand emergencies and other unforeseen things happen and occasionally you will need to reschedule an appointment.

We request that you give us 24 hours' notice for a cancellation of an appointment. This allows us to reschedule your appointment and let another patient have the time originally reserved for your child of treatment

FINANCIAL

While we are committed to giving your child the best dental care available, it is important for you to know what the cost will be. We will give you an estimate based on the treatment diagnosed by the Dentist. **Remember this is only an estimate.**

Occasionally, during the course of treatment, other procedures may become necessary. We will strive to keep you informed if there are changes in the estimate. We will need your current insurance information and will take into consideration the estimated payment from your insurance company. *As a courtesy to you, we will file with your insurance company for their estimated payment. In the event that your insurance does not pay or does not pay the full estimated amount expected you are then responsible for the balance on the account. We file your insurance as a courtesy. the relationship is between you and your insurance.*

Payment is expected at the time of service. We accept cash, checks, money orders, Visa, and MasterCard. We apologize we do NOT take AMEX.

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT THEY PAID BY THE INSURANCE COMPANY.

First Name *

Last Name *

Signed Parent or Legal Guardian *

Date

06/21/2023

