

**Appointment and Payment Policies**

We see all patients on an appointment only basis. Every effort is made to honor all time commitments, unfortunately emergencies do occur which may occasionally cause delays in our schedule. If you are unable to keep a scheduled appointment, please notify our office at least 24 hours in advance. This courtesy makes it possible for your appointment time to be filled by another patient.

**Charges may apply for broken appointments and/or appointments cancelled with less than 24 hours notice. If there are two broken appointments and/or appointments cancelled with less than 24 hours notice, we may not be able to reschedule any appointments for any member of the family. If a sedation appointment or a scheduled appointment in the O.R. is missed, we will not reschedule another sedation or O.R. appointment for any reason and it will be considered cause for dismissal from the practice.**

If you need to cancel an appointment on the same day it is scheduled due to an illness, a note from the physician may be required to be sent or faxed to our office within 5 business days of the cancelled appointment.

\*\*\*\*\*

**Payment is due at the time services are rendered unless prior financial arrangements have been made. All applicable co-payments and/or deductibles are also due at the time services are rendered for insured patients. We accept cash, check, VISA, MasterCard and Care Credit.**

A copy of your current insurance card is required for each patient. As a convenience to you, our office will file your insurance for completed dental services. Payments for services rendered will be paid directly to our office. Since each insurance policy is different, the patient is responsible for understanding their policy so as to best benefit from its use. If a patient has specific questions in regards to their policy or needs assistance understanding their policy, we will do our best to assist each patient based on individual circumstances.

Our office does accept Medicaid for qualifying patients. The patient must present a current Medicaid card prior to each visit. Eligibility for each Medicaid patient will be verified prior to each appointment scheduled.

For any additional balance on a patient's account after insurance payments have been rendered, payment in full is due within 30 days. For outstanding account balances over 30 days, there will be a 2% monthly finance charge. Any outstanding account balance over 90 days will accrue a 6% monthly finance charge and a warrant in debt may be filed against you. There will be a \$25.00 returned check fee for any check returned by the bank.

If you have any questions in regards to the Appointment and Payment Policies, please feel free to ask. We are happy to assist you in any way possible.

***By signing below I acknowledge that I have read and understand the above information***

Parent/Legal Guardian Signature: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)