



Payment Policy

In order to deliver the highest quality pediatric dental care at the lowest possible fee for service, we would like to inform you of our financial policy.

Due to the continuous changes in the dental industry and insurance benefits, we require that you read and sign the following.

We treat every patient with equal care with or without insurance. If you have insurance we need to let you know that some insurance companies and plans do not always cover certain established, routine and acceptable procedures. However, we feel your child deserves proper treatment that should not be influenced by your insurance company's limitations. Since we do not have access to every contract, it is therefore difficult, if not impossible, for us to know every limitation, deductible, or allowance for every policy. This to inform you that you are responsible for any fees that your insurance company does not cover.

If you do not have insurance, this is to inform you that payment for all services rendered at this office is due the day of treatment.

Also, please be advised that a 24 hour notice is required for a change in your appointment time and a \$50 broken appointment charge will be applied per patient if we don't receive notification in advance of a needed appointment change.

I have read and understand the office policy as stated above:

signature
