

**ALL 4 KIDS PEDIATRIC DENTISTRY**  
**Financial and Appointment Policy**

We are dedicated to providing the best possible dental care for your child and we want you to completely understand our financial and appointment policies. Below is an explanation of these policies. If you have any questions, please do not hesitate to ask.

1. **Payment is due at the time of service**, unless arrangements have been made in advance. We accept cash, checks, and credit cards (VISA, MasterCard, Discover, American Express and Care Credit)
2. If you have insurance we will gladly process your claim. **We request that you pay your ESTIMATED portion when services are rendered. Any amount not covered by your insurance or any difference in the estimated portion is the parent's or guardian's responsibility.** Our office will file your insurance a maximum of **two times** per appointment.
3. **The office cannot carry balances longer than 60 days**; regardless if the insurance payment is still pending. If your insurance company does not pay the practice within 60 days, we will have to look to you for payment. If we later receive a check from your insurer, we will refund any overpayment to you. If payment has not been received after 90 days, we will inform you of the delinquent account and if no action is taken to clear the account, this office will be required to employ a collection service to collect payment. The responsible party agrees to pay any fees associated with the collection of the account.
4. There will be a \$30 service charge for all returned checks.
5. **The parent (legal guardian) accompanying the child is responsible for payment independent of what a divorce decree may state. Reimbursement must be made between the divorced parents. We will not intervene.**
6. **We reserve time in our schedule especially for your child and in consideration of others, we request at least 48 hours notice prior to cancellation of appointments. We do understand that there are circumstances that may prevent you from keeping your child's appointment. However, with providing us as much notice as possible we may be able to contact another family who would like that appointment time.**
7. **Afternoon appointments fill quickly, and canceling with less than 48 hours notice does not allow us enough time to schedule another patient in need of treatment. We reserve the right to charge a \$30 fee for any missed appointment or under 48 hours notice.**
8. Patients that are running late are asked to call the office as soon as possible to check with staff if they will still be able to keep their appointment.
9. We will do our best to accommodate your schedule when booking appointments for treatment, however, if 2 or more family members have consecutive treatments on the same day and the appointment is missed or canceled without 48 hours notice, there will be a \$75 deposit required to book another appointment.
10. **Appointments canceled with less than 48 hours notice on a school holiday or an after school time will NOT be rescheduled on another school holiday or after school, as they are our most popular appointments.**

**AUTHORIZATION**

**I have read and accept the above Financial and Appointment Policy, understand it and agree to the terms set forth regarding payment.**

\_\_\_\_\_  
Signature of Parent or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name