

POLICIES

PATIENT I.D. # _____



CANCELLATION, RESCHEDULE, NO SHOW POLICY

Because your appointment is a time reserved just for you, we require at least 24 hours notice should you need to change or cancel your child's appointment. This allows us to accommodate those children on our "waiting list". Do not rely on the courtesy confirmation phone call from our office as your only appointment reminder; it is your responsibility to write the information down to avoid last minute cancellations or rescheduling.

INITIAL

Any patient who DOES NOT provide a 24 hour notice is subject to a cancellation/reschedule/no show fee that is NOT covered by insurance companies.

INITIAL

New Patient, cleaning, exam: \$50
Restoration: \$100

Patients failing to pay the above fee will not be allowed to schedule future appointments and will be sent to collections. Multiple reschedules cancellations, or no shows, may result in dismissal from our practice.

INITIAL

PAYMENTS

Payment is due at the time professional services are rendered. We accept most major credit cards and care credit offers convenient monthly payment plans with no interest and interest plans for your convenience. If you have a "dental insurance benefit plan," we will gladly fill and submit the claims on your behalf. We do this as a courtesy and it is a complimentary service to you. Your insurance company will then reimburse you directly or send us whatever portion of your child's treatment that they cover. In any event you are responsible for the payment of services rendered.

We have a few creative financial options to assist in the payment of treatment plans. In the event of default in the payment of the amount due, or if your account is placed in collections or in the hands of an attorney, you will be responsible for any and all fees and cost involved with those processes.

Please see a team member for any additional information or questions you may have. We are here to deliver the best dental care.

INITIAL

PATIENT CARE

Only one guardian may accompany the patient to the examination/treatment room. Other children and guardians are required to remain in the reception area. Guardian may have the option of switching places. (Liability issues prevail, thank you for your consideration in this matter). **Just for Grins Pediatric Dentistry** cannot be liable for unattended children without the adult accompanying them.

INITIAL

JUST FOR THE RECORDS...

I have read and agree to the above office policies as set forth by **Just for Grins Pediatric Dentistry**. I understand that they will be enforced as necessary.

PATIENT(S)

LEGAL GUARDIAN SIGNATURE

PRINT LEGAL GUARDIAN NAME

DATE