



## Office Policies

### Appointment Policies:

- **Promptness:** Please schedule appointments accordingly. We do our best to stay on time and ask for your help to make this happen, as it is only fair to the other patients after you. As a general rule, patients that run late by ten(10) minutes or more may not be seen and asked to reschedule. We do ask that if you know you are running late to call our office to inform us so that we may plan accordingly.
- **Cancellations/Missing Appointments:** We ask for 48 hours notice for cancellation of appointments. We understand emergencies happen but ask to call as soon as you know that you will not be able to attend the appointment. Cancellations under 48 hours or no show appointments will be subject to a one time verbal warning for dismissal, a second time written warning, followed by a third time written dismissal from the practice.

### Dental Radiograph Policies:

At Valley Kids Pediatric Dentistry we follow the American Academy of Pediatric Dentistry guidelines for all dental treatment including radiographs. Each patient will be assessed individually by the doctor for the timing and need of dental radiographs. If your child has a history of dental decay we tend to take them annually. If a guardian is present at the visit we will always ask for verbal consent to take dental radiographs. However, if you are not present with your child (a grandparent, family member or friend brought the child), we will update your child's radiographs if they are deemed necessary. If you do not believe you can adhere to the guidelines stated above our office may not be the best fit for you and your child. We rely on dental radiographs to properly diagnose and maintain the standard of care for your child.

### Financial Policies

As a condition of your child's treatment by this office, financial arrangements must be made in advance. The practice depends on the reimbursement from you and/or the insurance companies to cover the costs incurred in their care. Financial responsibility on the part of every patient should be dictated prior to treatment. Payment is expected at the time of treatment. Payments can be made by cash, check or credit card.

All dental emergencies services, or any dental services performed without previous financial arrangements must be paid in full at the time of service.

Patients who carry dental insurance understand that all dental services furnished are charged directly to the patient and he/she is personally responsible for payment of all dental services.

Our office will submit the patient's insurance forms or assist in making collections from the insurance companies and will credit any such over-payment to the patient's account. However, this office cannot render services on the assumption that our charges will be paid by the

insurance company. We do our best to send insurance pre-estimates out for all restorative treatment but again these are estimates and do not guarantee payment. It is your responsibility to understand your dental insurance coverage as you will be responsible for any unexpected out of pocket costs incurred for treatment done.

***Please check all boxes and sign/date below:***

- I have read the above policies: *Appointment Policies, Dental Radiograph Policies, and Financial Policies* and agree to their content.
- I agree by signing below that reasonable value of services shall be billed unless objected to, by me in writing, within the time for the payment thereof. I further agree that a waiver of any breach of any time or condition hereunder shall not constitute a waiver of any further term or condition and further agree to pay all collection and attorney fees if suit were instituted. I grant my permission to our office or assignee to call or mail you to discuss matters related to this form.
- Customer hereby acknowledges and agrees that any account that becomes delinquent (greater than 90 days) will be subject to collection services. Customer agrees to pay all court costs and reasonable attorney fees for the collection of past due amounts owed.

-----*Please sign and date below*-----

***\*\*\*By signing this form I agree that the information provided in this form is correct to the best of my knowledge\*\****

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