



## **Kidz Dental Land**

### **Financial Guidelines / Appointment Policy**

We know that efficient scheduling is important parts of the office experience. We appreciate your respect for our daily schedule which allows our staff to be on time for your children. We will always respect your time. To enable us to provide efficient dental care we ask for your cooperation with the following guidelines:

\_\_\_\_ We require a **48 hour notice** for rescheduling any appointments.

**Broken/Missed Appointments:** If you do not notify our office the following fees apply and will be added to your account: For missed appointments – **\$50.00 per child**

\_\_\_\_ **Reminder Calls:** Not getting a reminder call is not a reason to miss your appointment. This is a courtesy call only.

**\*\* Should you “No-Show” for 2 appointments, you may be discharged from the practice \*\***

**Self Pay Patients** - Pay in full at the time of service

**Insurance Patients** - If your insurance accepts Assignment of Benefits, the patient pays the portion estimated by the dental office which may include deductible, co-pay and % not covered by the insurance. If the claim has not been paid in 45 days, we require that you pay the balance using one of the approved payment methods.

**Medicaid** - It is your responsibility to confirm your eligibility.

**If at the time of services, you are not eligible for benefits, you may be responsible for the charges.**

In some instances, for extensive treatment, payment arrangements can be made in advance, in writing and secured by a credit card, savings or checking account. Auto payments will be deducted for an agreed upon monthly payment and number of months.

All non-sufficient funds checks are subject to a return check fee of \$ 35.00

Should it be necessary to take action to collect any amount owing under this agreement, you will be responsible for costs incurred to collect including but not limited to, collection agency fees, attorney fees and court costs.

**I have read, understand and agree to the provisions of these Financial Guidelines and Appointment Policy.**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature