

OFFICE POLICIES

Financial Policy

City Kids Dental, PC is a fee for service office. Payment for services is expected at the time the services are provided. We gladly accept cash, personal checks, American Express, Discover, Mastercard, and Visa credit or debit cards.

In case of divorce or other custody disputes, regardless of any divorce decree, the parent/guardian that accompanies the child to the appointment is responsible for payment, unless payment is arranged prior to the appointment.

Although payment is expected at the time our services are provided, as a courtesy to you we will file any PPO dental insurance for reimbursement back to you. However, most insurance companies do not alert us to the fact that they have issued you a check. Please monitor this carefully. If you have not received your reimbursement within four weeks, we recommend you call your insurance company and inquire about the status of your claim. Please let us know if we can be of further assistance.

A service charge of 1.75% per month (18% per annum) on any unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial arrangements are made.

There will be a \$35 charge for a NSF (insufficient funds/returned checks).

Appointment Policy

At City Kids Dental, PC, we strive to provide a variety of appointment times to meet the needs of families' busy schedules. We reserve a set amount of time for patient appointments so that each may get the proper care and attention. We appreciate your courtesy in calling us as soon as possible, if rescheduling your appointment cannot be avoided. When a family calls last minute to cancel or fails the appointment, we miss the opportunity to serve other patients and other families miss the opportunity to utilize these appointment times. We reserve the right to charge for appointments that are cancelled or broken with less than 48 hours notice. We realize that unexpected things can happen, but we ask for your assistance in this regard so that we may best serve all of our patients.

Our ability to give your child excellent pediatric dental service is compromised if you arrive late. Please call ahead and alert our office so that we may do our very best to be flexible and make every attempt to succeed in our efforts. If you arrive 10 to 15 minutes late for your child's appointment, you may be asked to reschedule if it is not possible to give your child the quality care they deserve in the resulting reduced amount of time. We strive to see all patients on time for their scheduled appointments. We make every effort to stay on schedule and we want to be respectful of your time and courteous of the patients after you.

I grant my permission to City Kids Dental, PC to contact me at any phone numbers provided to discuss matters related to my child's oral health and/or account.

I have read the above policies and agree to their content.

_____ Date: _____

Signature of parent/guardian

Patient Name: _____ Relationship to Patient: _____