



FINANCIAL AGREEMENT AND OFFICE POLICY

This is an outline of our financial agreement and office policy. During the initial appointment, all necessary records and information for a 'New Patient' appointment will be obtained, including x-rays, exam, and oral hygiene instructions. At that time we will discuss our findings, proposed treatment, discuss fees and make financial arrangements. Financial arrangements are individualized, vary for each account, and are based on the information you provide at the initial visit.

1. Payment is due at the time of service.
2. If your child will be sedated at our office, a sedation fee will incur at the time of administration regardless of sedation outcome. Each child responds differently to the medication (sleeping, crying, getting angry), and this cost is for the medication, staffing, as well as equipment.
3. While we try our best to give you the most accurate treatment plan, treatment may change when the dentist starts decay removal. This can result in a change of the proposed treatment cost. The staff will inform you of any changes when they occur.
4. Dental insurance patients:
 - a. If you have dental insurance that requires our collection of a deductible and/or copayment, that amount is due at the time of service.
 - b. Any change of insurance should be noted in your account at the beginning of every appointment and is your responsibility to inform our staff of any changes.
 - c. If your child has had dental treatment completed in the past 12 months at any other office, your insurance may not cover our charges. Our office will assist your family in obtaining information regarding the insurance plan, but be advised: you are still financially responsible for your child's appointment.
5. **We reserve the right to not reschedule appointments cancelled without a 24 working hour notice. Sedation appointments cancelled or failed without a 48 working hour notice may result in office dismissal. Our office provides an answering service for messages. Please leave us a message or email us.**
6. **We reserve the right to cancel upcoming appointments due to missed appointments within the family, financial reasons, or any reason deemed necessary.**
7. If other means to collect a balance are necessary, we will be as aggressive as is indicated to collect the account, i.e., small claims court judgements, garnishments.
8. We reserve the right to charge for duplicate records or any rebilling.

I HAVE READ AND REVIEWED THE OFFICE POLICIES AND ASKED ALL NECESSARY QUESTIONS. I ACCEPT THESE ARRANGEMENTS.

Signature

Date
