



OUR MISSION

We strive to provide a fun, comfortable, educational, and nurturing dental home for children from infancy to early adulthood. Our goal is to build a strong foundation of good oral health.

APPOINTMENT POLICY

We understand that many families are busy with work, school, sports and other activities. We make every effort to schedule appointments that are convenient for you. The time is reserved especially for your child and so we strongly encourage you to arrive promptly to ensure your child has the best experience. As a courtesy, we make every attempt to remind you; however, please do not depend on this courtesy. Appointments are considered confirmed when they are made.

We also understand that unforeseen events sometimes require you to miss your appointment. We kindly provide at least 24 hours' notice of the need to cancel or reschedule. After two no show/miss appointments without contact there is a \$25 missed appointment fee that will be added to your account.

FINANCIAL POLICY

Our office works hard to help you maximize your insurance benefits. Because insurance policies vary, we can only estimate coverage in good faith but cannot guarantee coverage due to the complexities of insurance contracts. We encourage you to become familiar with your insurance policy. ***Payment of professional services is due at the time the treatment is provided.*** Every effort will be made to provide a treatment plan that will fit your budget and timetable. We strive to give your child the best care possible. As a courtesy, we will send insurance claims for you at no additional cost.

If you are covered by two or more commercial insurances, we will submit claims to all insurance companies; but copays on insurance companies we participate with must be paid at the time of service.

If you have a **HIGH DEDUCTIBLE** insurance plan we require that you pay your full deductible at the time of service unless you have written documentation that your annual deductible has been satisfied.

I acknowledge that I have read and understand these policies as stated above.

Parent/Guardian Signature

Date