

FINANCIAL POLICY

TO ALL PATIENTS:

Thank you for choosing Pediatric Dentistry at Vinings as your child's dental care provider. We are committed to providing your child with the best possible dental care. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our **Financial Policy**, which we require you read and sign prior to treatment.

- Payment for all services provided by the practice is due in full at the time the services are rendered. Exclusion to this policy is those patients who are members of a managed care plan with which Pediatric Dentistry at Vinings participates.
- If you have private insurance, we will file your visit. Your full co-payment is expected per visit.
- You will be billed in full for any services that your insurance plan deems to be a non-covered service or any balances due after we have received payment from your insurance carrier. All patient balances are payable upon receipt of the statement.
- Pediatric Dentistry at Vinings accepts Cash, debit & credit cards (Visa, MasterCard, AMEX, and Discover Card) as payment for services rendered. Personal checks are not accepted.
- Refunds will be issued to patients on a monthly basis. Refunds will be given in the form of a check.
- Pediatric Dentistry at Vinings reserves the right to turn any patient over to collections if it is deemed that the account has been in default of the payment obligations or compliance of this policy. Patients will be responsible for any legal or court fees.

ABOUT YOUR APPOINTMENT

All our patients are seen on an appointment basis. The appointment time is reserved especially for your child. In most cases, the procedure you are scheduled for requires that a definite amount of time be set aside with the dentist or hygienist. This assures the best possible care for your child. Every effort in scheduling is made to minimize waiting.

All appointments must be verbally confirmed with the office within the week of your appointment. The office will make every attempt to confirm your appointment. However, if we cannot confirm your appointment at least **2 working days** prior to your appointment time, you will lose that reserved time. You are welcome to call our office to confirm the appointment.

If you must reschedule your appointment, please contact our office as soon as possible. Giving us this courtesy allows us to schedule another patient who wishes to be seen. Appointments that are not cancelled at least 48 hours in advance will be considered a missed appointment. There is a \$25.00 charge for missed appointments.

A good dentist/patient relationship is based upon understanding and good communications. Thank you for understanding our Financial and Appointment Policies. If you have any questions about financial arrangements, please feel free to speak with our Business Manager or Practice Administrator. We will make every effort available to you to clarify any misunderstanding you may have concerning your account. We are here to help you.

I, _____ have read, understand and agree to the terms of the above Financial Policy of Pediatric Dentistry at Vinings.

Signature of Responsible Party

Date _____