



Financial Policy

It is the responsibility of the family to know their own insurance plan benefits and coverage details. Please inform us of any changes at the time of the appointment. *As a courtesy* we will bill your primary insurance company, although they may pay less than the actual bill for services. If your insurance carrier does not remit payment within 30 days, the balance will be due in full from you. If the insurance company pays more than the estimated portion, we will promptly refund the credit amount to you. Please note that the parent bringing the child for dental services is legally responsible for all fees. Any balance unpaid will be sent to collections after 90 days. Collections fees will be added to the patient account.

I have read and accept the above statement, I agree that any portion unpaid by my insurance is my responsibility.

Patient/Parent/Guardian Signature

Date

Cancellation Policy

Our office requires a minimum of **24 hour notice** in the event that patients need to cancel or reschedule an appointment. Anything less than 24 hour notice or NO Call/NO Show is considered a "Broken" appointment. Any unexcused broken appointments will be reviewed and may result in dismissal from the practice.

Please note, in the event of illness, family emergencies, severe weather or unsafe driving conditions, the cancelled appointment will not be counted against you. Your health and safety is our highest priority.

I have read and accept the above cancellation policy, I understand that after any broken appointments I may no longer be able to schedule any appointments with Dublin Kids Dental.

Patient/Parent/Guardian Signature

Date