

*SOUTHRIDGE PEDIATRIC DENTISTRY*

OFFICE POLICIES FOR SOUTHRIDGE PEDIATRIC DENTISTRY EFFECTIVE  
JANUARY 1, 2007

- ❖ **PAYMENT** – Payment is expected on the day of service. You will receive an estimate of your child’s next treatment. This is only an estimate; you will be responsible for any remaining balance after insurance payments. We accept payments for 3 months. If a payment is missed, your account may be sent to an outside collection agency for further collections. Extended payment plans available through an outside financial company with approval of application. We will also accept extended payment plans with credit card and signature to run payments through monthly.
- ❖ **RETURNED CHECKS** - \$20.00 will be added to your account for returned checks.
- ❖ **LATE TO AN APPOINTMENT** – If you are 15 minutes or more late for an appointment, you may be asked to reschedule that appointment. We schedule some appointments every 30 minutes and being 15 minutes late to an appointment will result in our other patients having to wait for their appointment. If you are going to be late, please call our office and we will let you know if you will need to reschedule.
- ❖ **MISSED APPOINTMENT CHARGE** – Cancellation of appointments is required 24 hours in advance. A missed appointment charge of \$25.00 per appointment will be assessed if notice is not given at least 24 hours in advance. This fee must be paid prior to the child’s next visit. We will assist you in rescheduling all cancelled appointments.
- ❖ **MULTIPLE MISSED APPOINTMENTS** – We reserve the right to refer treatment following two (2) “no show” appointments or cancellation of more than 50% of scheduled appointments. We will assist you in locating another provider if continuing care is required. A missed appointment means another child could have received needed care at our clinic.
- ❖ **GENERAL ANESTHESIA APPOINTMENT** – If you fail to show up for a general anesthesia or IV sedation appointment, you will not be rescheduled for that appointment and will need to find another dentist to perform this service.

I have read, understand and agree to the terms of the above policy.

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Parent/Guardian

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Date