

Financial Policies

Thank you for choosing Dayspring pediatric Dentistry as your dental provider. We are committed to your treatment being a successful experience. We will work very hard to make sure your paperwork is filed accurately and promptly.

Missed appointments: We kindly ask that you give us 24-hour notice to cancel or reschedule an appointment. As a courtesy, we will try to confirm all appointments two business days prior to the appointment. However, it is your responsibility to be aware of scheduled appointments. There is a \$50 fee for any missed appointments or appointments canceled with less than a 24 hour notice.

Insurance: The amount of dental benefits you receive is determined by your employer, union, or insurance company, not by us. The premiums you pay and the benefits you receive are directly related and vary significantly from plan to plan. We cannot render treatment on the assumption that our fees will be paid by your insurance company. Our usual, customary and reasonable fees often times do not correspond to your insurance company's fees. You are responsible for payment regardless of the insurance company's arbitrary determination of usual and customary rates. We are here to help you and explain any information you may not understand and to assist you in the reimbursement process.

Ultimately, the person accompanying the child is personally responsible for any copayment at the time services are rendered.

Divorce Decrees : Our office is not a party to your divorce decree. The responsibility for minors rest with the accompanying adult.

Outstanding balances: In the event a bill is not paid within 60 days, information that is necessary for collection purposes will be forwarded to our collection agency.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy, I understand and agree with the terms.

Signature of responsible party

Date