

Nashville Pediatric Dentistry's Appointment & Financial Agreement

Appointments: We make every effort to stay on or ahead of schedule. A lot goes preparing for your appointment. We reserve your appointment time especially for you so that you and the other patients are not kept waiting unnecessarily. Missed appointments hurt you, other patients who may need emergency care, and our practice. You are welcomed and encouraged to request a copy of your appointment agreement.

- I. As a courtesy we send a reminder of your appointment but we are not required to. It is your responsibility to remember your child's appointment. Always notify us of any changes in your contact information.
- II. If you are late for your appointment we may need to reschedule.
- III. If you need to change or reschedule, we require at least 2 business days notice prior to your appointment. We reserve the right to assess a **\$50.00 fee to patients who missed their appointment or cancel without proper notice.**
- IV. Cancellation due to illness may be subject to verification by physician's office.
- V. Minors cannot be seen if not accompanied by a guardian at the time of their appointment. This guardian must be able to make payment as well as decisions in case of an emergency.
- VI. As a courtesy we will file your insurance, but we are not required to. We cannot guarantee same day insurance verification. If that is the case, full payment will be due at the time of your visit. Once insurance payment has been received you will be reimbursed any monies due.
- VII. If you have any questions about the cost for your upcoming treatment, please refer to your treatment estimate or contact our office prior to your appointment. Payment is collected at the time of your appointment.

We pride ourselves in being honest and transparent with our patients. Therefore we provide you with our financial policy to insure no misunderstandings arise regarding the payment of your dental care. We strongly suggest you read through all of it in order to avoid any upset in the future. You are welcomed and encouraged to request a copy.

- I. Full payment of treatment is due no later than the date treatment is completed. This includes deductibles and copays and any pending balance.
- II. Checks returned to our office from your financial institution are subject to a \$25.00 returned check fee. This fee covers the bank service charge.
- III. Any insurance you provide is an agreement between you and your insurance provider. We are not a party to this agreement. Any estimate of what your insurance may cover is not a guarantee of coverage. Your insurance will have final say on what will be paid, stipulations, limitations, and downgrades. We are not required to re-file a denied claim. Therefore any balance and/or unpaid claims by your insurance is your responsibility after 30 days. The patient/parent is required to resolve any issues in a timely fashion in order to re-file a claim.
- IV. We will notify you of any balance either via text, phone call, or by mailing a statement. It is your responsibility to notify us of any change in your contact information in order to receive notifications and avoid collections. Any balance past 90 days will go to collections.
- V. Additional statements may incur a \$10 service charge fee.

I agree to the terms outlined above for my child's upcoming appointment at Nashville Pediatric Dentistry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date