Fox Kids
DENTISTRY & ORTHODONTICS

Financial Agreement

For patients with dental insurance: We will be happy to bill your insurance company for services provided by our office. Insurance coverage varies from patient to patient, and you are responsible for knowing the exact benefits offered under your specific insurance plan, including patient deductibles, yearly limits, coverage of services, and exclusions. *You will be responsible for any co-payment or fees not estimated to be covered by insurance at the time of service.*

For patients without dental insurance: Payment will be expected *in full at each appointment* (unless previous financial arrangements have been made).

Patient account balances 30 days overdue may result in the inability to schedule future appointments until the balance is paid. Failure to pay on account balances may ultimately result in dismissal from our office, and your account may be turned over to a collections agency. You will be a charge a $30 fee for any returned checks due to insufficient funds.

This office reserves the right to verify the credit status of potential patients and/or parents of patients prior to extending credit for treatment fees and may, at the discretion of this office, use the services of one of more credit reporting services.

I understand that I am responsible for the payment of all fees for dental treatment for the patient named. I understand that I am responsible for any fee not covered by the patient's dental insurance.

Late/Missed Appointments & Cancellation Policy

In order to provide complete, thorough care to your child, please arrive on time to each appointment. If you are *over 10 minutes late*, your appointment may be canceled for that day and will need to be rescheduled.

We request *24 hours advance notice* for all canceled appointments. Any cancellations made with less than 24 hours notice may be subject to a **$20 cancellation fee per child**. If you fail to show up to your appointment without notifying our office, you may be subject to a **$30 missed appointment fee per child.**

Two failed/missed appointments within a 12-month period may result in the inability to schedule your child for any future dental treatment, and dismissal from our office. *Excessive tardiness, frequent cancellations, and/or multiple failed/missed appointments may ultimately result in dismissal from our dental office.*

I have read and understand the above policy regarding late/missed/canceled appointments.

Signature of parent/guardian: _____

Print name: _____ Date: _____

Child's name: _____

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