

**Children's Dental Care
1239 State Rd. 229
Batesville, IN 47006**

Cancelled Appointment Policy

Out of respect for our professional time, we request that you notify us of any cancellation or need to reschedule an appointment with us at least 24 hours in advance. There are many children who need to be seen, and are willing to take your cancelled or unscheduled appointment. When you do not give us sufficient notice, the time is lost to both the doctor and the patients who need to be seen.

Insurance Information and Authorization for Assignment for Benefits

To avoid misunderstandings with regard to dental insurance, we wish the person responsible to know that all professional services rendered will be charged to them, and they are responsible for payment for our fees. We are willing to complete and assist in filing insurance claims upon receipt of full or partial payment. We do not render our services on the basis that your insurance company will pay all our fees. Each fee is individual for the individual patient. Questions concerning insurance coverage should be directed by you to your insurance company. When paying only a deposit or an anticipated co-payment, you authorize insurance payment be made directly to Children's Dental Care P.C., otherwise payable to you.

PAYMENT FOR SERVICES IS DUE AND PAYABLE THE DAY OF SERVICE:

Payment may be made by cash, personal check, or money order. We also accept Mastercard, Visa, Discover and American Express credit cards. Our office also accepts Care Credit, Dental Care Plus, and Citi Bank cards, which allow flexible payment plans. A fee of \$25 will be charged for all returned checks. Any account balances over 30 days will be accessed a handling fee of \$8 minimum or 1.5% of the total amount due. All patients with accounts that have balances over 90 days will be notified in writing that the account is being handled through a collection agency.

I have read and understand the policies stated above:

Parent _____ Date _____

Request and Authorization for Dental Care

Parent _____ Date _____