

## PAYMENT AND NO SHOW POLICY



### **Payment Policy:**

The parent or guardian who brings the child to their visit is responsible for payment.

Payment is due at time of service. This includes any co-pays or deductibles or any fee that may not be covered by insurance.

We accept: Visa, Master Card, American Express, Discover, debit cards, and cash.

- There will be a \$25 charge for any returned checks

We also accept Care Credit as a way to help finance your child's dental needs.

We are in network with many insurance providers. We will always do our best to give you the most accurate estimate before each appointment so that there are no surprises. In order to facilitate this, we request that **ALL** information is submitted to the insurance company and provided to SIPD prior to your appointment. In such cases when accurate documentation is not provided, you will be responsible for all charges.

If you happen to be out of network, most likely there are still benefits to you. For your convenience, our business staff will file the insurance claim for you.

### **Cancellation/No-Show Policy:**

**There will be a \$25 charge per checkup and a \$100 charge per treatment appointment if you miss your scheduled appointment time and fail to give at least 24 hours' notice.**

We kindly request 2 working-days' notice to cancel or change appointment times. We understand that unforeseen circumstances can arise.

Late afternoon appointments are highly requested, if you miss (or late cancel) one of these appointment times you may not be allowed to schedule late afternoon appointments in the future.

We would be happy to answer any questions that you may have regarding our payment/No-Show policy. Any questions should be directed to our Operations Manager Ashley Moorman.

I have read and understand the Payment Policy of Southern Illinois Pediatric Dentistry and any questions that I have had have been answered to my satisfaction.

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Print Name

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Parent or Legal Guardian's Signature

Date