

**Kissimmee Childrens Dentistry**  
595 Oak Commons Blvd, Suite C  
Kissimmee, FL 34741  
Phone: (407) 870-0717 Fax: (407) 870-9970

## OUR FINANCIAL POLICY & BROKEN APPOINTMENT POLICY

All our fees will be due and payable at the time treatment is rendered. For our patients with dental insurance, we request that you pay your estimated portion of the treatment fee at the time the services are rendered. You will be responsible for paying any balance immediately after the insurance carrier has paid on a claim.

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a courtesy to our patients we will file claims to your primary insurance carrier (you are responsible for any secondary insurance), to help you receive the full benefits of your coverage. However, we can make no guarantee of any estimated coverage of payment.

If your primary insurance company does not pay within 45 days of our submission date, you will be responsible for the entire balance and you must contact your carrier directly to resolve your claim. A copy of the claim will be provided to you. After 60 days of our submission date, any unpaid balances will be subject to a finance charge.

We accept cash, checks, debit cards, Visa, MasterCard, and Discover as forms of payments.

By arrangement with Care Credit, we are able to offer our patients three, six, and twelve months interest free payment plans depending on the amount of treatment. Application forms are available at the front desk.

Kindly give 24 hours advance notice if you are unable to keep your scheduled appointment time. If advanced notice is not given, a cancellation, no show fee may be assessed.

We are always available to answer your questions or assist you with your dental health care. We thank you for choosing us as your dental health care provider.

\_\_\_\_\_  
Patient/Parent Signature

\_\_\_\_\_  
Date