

THE SILVER STAR DENTAL PRACTICE
POLICIES AND PRACTICES

An appointment written in our schedule, with your child's name on it, is a bond of trust that we will be here to serve you and that you will be present and on time for that appointment. We will reserve time for your child during our office hours. For all of us, time is important and we do our best to ensure that you will be seen promptly. Dealing with small children, as we do, there are no guarantees. We appreciate your patience. Please be assured that your child will also receive the same extra attention if necessary.

As a courtesy to our patients, The Silver Star Dental Practice's staff attempts to confirm appointments. We also send reminders via email and text. However, once you have made an appointment, remembering and keeping it is your responsibility. Confirmation is simply a courtesy to you.

No charge will be made for cancelled or rescheduled appointments provided that TWO WORKING DAY'S NOTICE is given so the time reserved for your child may be available to other patients.

A CANCELLED, RESCHEDULED OR FAILED APPOINTMENT WILL BE CHARGED \$65 ON YOUR CHILD'S ACCOUNT.

Methods of payment accepted in our office: Visa, Mastercard, Discover, Care Credit. Checks are accepted with I.D. There will be a **\$35** charge for all Returned Checks.

Our office will bill your insurance, as a courtesy to you. If the insurance does not pay for service rendered to your child, it is the parent or guardian of the patient's responsibility to pay the account balance in full. It will then be your responsibility to have insurance reimburse you for the services. Your insurance is a contract between you and your employer. It is up to you to keep our office updated on your policy to avoid any delays or cost to you.

THEREFORE, OUR OFFICE POLICY IN THIS REGARD IS EXTREMELY FIRM: please be present for all your scheduled appointments.

Remember that if you need to reschedule, please contact us during office hours at 916-434-6220 at least TWO working days prior to the appointment. In the event of a failed appointment, you will be asked to pay in full for future treatment before we reschedule the failed appointment. We reserve the right to dismiss any patient who does not keep their scheduled appointment. Therefore your understanding and compliance is appreciated.

We look forward to accomplishing all of your child's treatment needs in a comfortable and caring environment.

I have read and understand this policy:

Signed: _____ Date: _____

Patient name: _____

Email: _____