



## WELCOME TO UPTOWN PEDIATRIC DENTISTRY!

Thank you for choosing our office for your child's dental care. We strive to provide the best possible experience for you and your child. Please read and acknowledge the following patient agreement.

### **Attendance**

We understand circumstances arise that may interfere with your scheduled appointment. Please provide at least **48 hours** notice if you are unable to attend your appointment. Without adequate notice, we may be unable to fill that appointment with another child who might be in need of dental treatment.

If you do not show up for your child's appointment or fail to give adequate notice, the appointment will be recorded as 'missed'. **Patients with 2 missed appointments may be discharged from the practice.**

We will confirm recall appointments by text, e-mail or phone. It is your responsibility to make sure we have your updated contact information. If we can not confirm your appointment, it may be cancelled and the time slot may be given to another patient.

### **Insurance**

As a service to our patients, Uptown Pediatric Dentistry is in-network with a number of insurance plans. We are happy to help you fill out claims forms and provide the insurance company with any information they need to process your claim.

**In-network insurance** - We will file your claim with your insurance provider as a courtesy. We ask that you assign payment of benefits directly to Uptown Pediatric Dentistry. If not, you may be responsible for payment in full at time of service. You will also be responsible for estimated co-pays at time of service and for any additional balances. You may receive a refund based on claim payment.

**Out-of-network insurance** - Payment will be due at the time service is rendered. In most cases your insurance company will reimburse you instead of paying us directly. Our staff can help you file your claim with your insurance company and in some cases, we can file on your behalf. Please talk to our team to see if we work directly with your insurance company.

**Payment**

You are ultimately responsible for payment of all fees for dental care rendered by our office.

**Methods of payment** - We accept cash, personal check or credit card (Visa, MasterCard, American Express or Discover).

**Returned payment** - Uptown Pediatric Dentistry charges a \$30 fee for returned checks or other returned payments. If your account becomes past due over 60 days, there will be a finance charge of 2% added monthly until payment is received in full.

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***I have read and understand the financial and attendance policies of Uptown Pediatric Dentistry. I understand that failure to abide by these policies may result in being discharged from the practice.***

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Signature (Parent/Legal Guardian)

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Date

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Printed name (Parent/Legal Guardian)

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Relationship