



### **Our Mission:**

We believe that outstanding dental care can only occur in a respectful, caring environment. Creating happy smiles for children and parents through service that is informative, detailed and empathetic is our passion. Our patients are the children of parents who value a long-term comfortable dental relationship and are happy to tell their friends and family about us. We are a team that excels in comforting and reassuring our patients. We honor the uniqueness of every individual in our dental family.

### **No show/Cancellation/Late Policy**

Our commitment is to provide optimum dental care for your child. When you schedule an appointment with our office, we are reserving time for your family's dental care. We understand that your time is precious so we will make every effort to see your child on time. In order to respect the needs of all of our patients, if it is necessary to cancel your child's reserved appointment, we require you to contact our office **24 hours in advance**. Our office charges a **\$50 no show/cancellation fee** if we do not receive notification within 24 hours of a missed appointment. The advance notice allows our office to schedule patients who need access to dental care in a timely manner. The \$50 fee is not a covered benefit by dental insurance. Because we would regret having to reschedule your child's appointment or to compromise your child's care in any way due to late starting appointments, we ask that you arrive promptly for your appointments. If you are more than 10 minutes late for your scheduled appointment time, you may be rescheduled.

### **Financial Policy**

Dr. Simpson provides dental care based on your child's diagnosis and not on the coverage/payment of your dental benefit provider. As a courtesy to our patients, we will file claims to your dental benefit provider on the date of service. In order to inform you of your out of pocket expenses, we estimate all services to the best of our ability based on the information your dental benefit provider has given our office. **You are fully responsible for any amounts not covered by your dental benefit provider on date services are rendered.** Please make prior payment arrangements if someone other than the parent or guardian brings your child for an appointment. We accept cash, personal check, money orders, American Express, Visa, Master Card, American Express, Discover, health savings accounts and Care Credit. There is a \$35 charge for all returned checks.

**Behavior Charge for Restoration Appointments**

In the event that Dr. Simpson is unable to complete your child's dental restorations due to their uncooperative behavior during their one hour restoration appointment, there will be a **\$95 charge**. In order to avoid accidental sticks with sharp instruments, it may be necessary that an additional assistant help in restraining your child. If you are concerned about this, please consult the doctor or assistant prior to treatment.

**We are a team that excels in comforting and reassuring our patients. Thank you for choosing our team in caring for your child.**

By signing below, you are agreeing to share our mission and abide by our policies concerning your child's dental care needs.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_