



Office Policies

DENTAL TREATMENT

I authorize and request that SRFD perform dental services on my child to include, but not limited to, examination, necessary x-rays, cleaning, fluoride, oral hygiene instructions and that the doctor will explain any needed treatment and modalities of treatment. If this is an emergency appointment, I understand that treatment is not guaranteed the same day so that the doctor can evaluate behavior and determine the best method of treatment.

During treatment, only one parent is allowed in the treatment room and siblings are NOT allowed. We understand that you may have more than one child or that more than one family member may want to be with the child during treatment; however, our priority is the patient. In order to provide quality care, we must effectively communicate with our patient and avoid any possible distractions.

Please, no cell phones permitted beyond office waiting room.

FINANCIAL POLICIES

Personal checks are NOT accepted. We accept numerous forms of payment to include Visa, Master Card, Discover, Care Credit, Cash, and we offer payment plans.

If payment is not made within 30 days from receipt of statement, a finance charge of 3% will be added to your account and if the outstanding balance is more than 60 days, an interest rate of 10% will be charged monthly until payment is received.

I understand that I am responsible for all charges that are incurred by me or my family regardless of insurance coverage. (PAYMENT IS DUE AT THE TIME OF SERVICES RENDERED). If my account requires servicing by a collection agency or by an attorney, I understand that I will be liable for, but not limited to, the collection fees, attorney fees, and applicable court costs, in addition to my outstanding balance. I also request that payment under my dental insurance program be made directly to Cheyenne Mountain Children's Dentistry, on any unpaid bills for services furnished by me or my family. I authorize the release of any dental information necessary to process the claims.

LATE AND MISSED APPOINTMENTS

If you are more than 10 minutes late to your child's appointment, you MAY be asked to reschedule your appointment and the broken appointment fee MAY apply. Please know that we will do our best to accommodate you; however, our schedule and your tardiness will determine our flexibility.

At Star Ranch Family Dental, we strive to serve our patients in a timely manner. We respect your busy lives, so please return the favor and respect our schedule. We ask that if you need to cancel your child's appointment, that you give us a 48 business hour notice; otherwise, we will charge a \$50 cancellation fee per scheduled child. We understand that emergencies and illness can occur; therefore, we just ask that you contact our office to let us know your circumstances.

MEDICAID PATIENTS ONLY

We strongly believe in serving Medicaid patients with the best quality possible just as all our patients; however, we need your help to be able to do that. Because we are unable to charge cancellation fees like our other patients, we ask that you please respect your appointment and our time and give us the courtesy of a 48 business hour notice if you are to cancel your child's appointment. If your child misses his/her appointment, we will not be able to reschedule your child. Your signature below acknowledges this policy.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of this office's Notice of Privacy Practices.

ACKNOWLEDGEMENT OF POLICIES

Thank you for choosing SRFD for your family's dental needs. We have established our policies to better serve your family. Your signature acknowledges agreement to our policies and consent for treatment and payment.

Parent Signature _____ Date _____