



**Post Oak**  
Pediatric Dentistry

## Office Policies

### Broken Appointments

- A broken appointment is defined as a missed or canceled appointment without giving 24-hour notice, a broken appointment fee of \$25.00 will be added to each child(ren) account. Each patient will be allowed 2 broken appointments after which a referral will be given to another dental office.
- Any new patients that have missed the first appointment without a 24-hour notice will be given a referral to another dental practice and will not be scheduled again.
- **Any appointments missed on a student holiday/vacation will not be rescheduled on another student holiday/vacation.**

### Grace Period

- There is a 15-minute grace period for appointments scheduled from 8:00 am to 2:00 pm. Appointments scheduled from 2:30 pm to 3:00 pm have a 10-minute grace period. Any time past may result in an appointment change, or a missed appointment fee may be applied.

### Financing

- **Payment for services is due at the time services are rendered.** We will accept cash, checks, and all major credit cards. As a service to our patients, we electronically process most insurance claims. If we are unable to process a claim, we will provide you with all documentation necessary to process the claim yourself. If insurance is filed, you will be responsible for your estimated portion at the time of service. **If insurance denies a portion of your claim, you will be responsible for the difference.**
- The Treatment Plans we will provide you with are an **estimate of costs** for your child(ren) needed treatment. The costs can change as the treatment progresses as well as the ongoing evaluations of your child(ren) dental care.
- **We DO NOT file secondary insurance or medical insurance.**
- **We do not accept same day insurance: we require at least 48-hour notice for new insurance information to avoid paying out of pocket for your child(ren) appointment.**

**I have read and agreed to the terms provided.**

Patient Name: \_\_\_\_\_

Parent/Guardian (print): \_\_\_\_\_

Parent/Guardian (sign): \_\_\_\_\_ Date: \_\_\_\_\_