



pediatric dental center

29421 Ryan Road
Warren, MI 48092
586.754.6300
www.PDOnline.com



48621 Hayes Rd.
Shelby Park, Bldg #500
Shelby Twp., MI 48315
586.247.5437 (KIDS)
www.KSPDOnline.com

Financial Policies

Patient Name: _____ **DOB:** _____

Accepted payment options: Cash, checks, Visa, MasterCard, Discover or Care Credit. Payment arrangements may be available based on the needs of our families. Please notify the front desk **PRIOR** to your appointment if you need consideration for an alternate payment method.

No Show/Missed Appointment/No Call Policy: Our office charges a fee for all missed appointments. You have **RESERVED** this time for your child. If you are unable to keep this appointment, the office requires 24 hour notice for a cancellation as we have other children on a waiting list. The first missed appointment will incur a \$25.00 fee, the second missed appointment will incur a \$50.00 fee. Fees must be paid prior to rescheduling another appointment. After the second missed/no show appointment, a \$50.00 reservation fee must be paid. If that appointment is kept, that money can be used toward your co-payment or refunded, if appointment is not kept, then the amount will be kept as a no show fee.

Late Fee - Accounts 30 days past due will incur a \$30.00 late fee.

Collection fee – Accounts sent to collection will incur a \$50.00 collection fee.

Returned Check Fee – All checks returned by your bank for non-sufficient funds (NSF) will be charged \$50.00 fee.

I have read and acknowledge that I understand the above described policies regarding additional fees and policies.

Signature of Mom/Dad or legal guardian (circle one):

_____ Date: _____

Print Name: _____