

## **Just 4 Kids Pediatric Dentistry and Sedation Financial Policy Agreement**

### **RESCHEDULING/ CHANGE IN SCHEDULE POLICY**

Just 4 Kids Pediatric Dentistry and Sedation is dedicated to quality care and exceptional service. Our doctors and team spend extensive amounts of time preparing for your visit. Broken and missed appointments create scheduling problems for our team as well as other clients. If you find that you must change your appointment, we require a minimum of 48 hours notice so that we may make every effort to accommodate other clients.

I have read and agree to the Financial Policy and the Cancellation Policy of Just 4 Kids Pediatric Dentistry & Sedation. \_\_\_\_\_ (Initial)

### **PAYMENT FOR SERVICES**

Payment for services is due at the time services are rendered unless prior arrangements have been made. The practice accepts cash, check, Visa, MasterCard, Discover, and American Express.

\_\_\_\_\_ (Initial)

Checks that are returned to our office from your financial institution are subject to a **\$25.00 returned check fee**. This fee covers the processing fees that are charged to our office.

\_\_\_\_\_ (Initial)

### **PAST DUE ACCOUNTS**

If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs that are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyers' fees that we incur plus all court costs. In case of suit, you agree the venue shall be in Chesterfield County, VA. \_\_\_\_\_ (Initial)

### **FINANCE CHARGE**

A finance charge will be imposed on each item of your account which has not been paid within ninety (90) days of the time the item was added to the account. The FINANCE CHARGE will be computed at the rate of (1.0%) per month or an ANNUAL PERCENTAGE RATE of twelve (18%) percent. The finance charge on your account is computed by applying the periodic rate (1.0%) to the "overdue balance of your account. The "overdue balance" of your account is calculated by taking the balance owed ninety (90) days ago, and then subtracting any payments or credits applied to the account during that time.

\_\_\_\_\_ (Initial)

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

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_