

**Dr. Charles H. Crawford, Jr., D.M.D., P.A.**  
**Pediatric and Adolescent Dentistry**

**FINANCIAL-CANCELLATION POLICY**

Our office believes that part of good health care practice is to establish and communicate a financial policy to our parents. An informed and responsible patient should never have a credit problem with our practice. We provide the highest quality dental care possible to children and teens in a safe and caring environment. One of the aspects we really enjoy about our private practice is the opportunity to offer individual attention to each patient.

- **PAYMENT** is expected at the time of your visit. We will gladly accept cash, check, Visa, Master Card or Dent Charge.
- **PAYMENT** will include any unmet annual deductible, co-insurance or non-covered charges from your insurance company. If you do not carry insurance or if your coverage is currently under a pre-existing condition clause, payment in full is expected at the time of your visit.
- **MANAGED CARE PROGRAMS**-this office does not participate in any managed care program. If you are covered by any managed care, personal payment will be required for all treatment.
- **RETURNED CHECKS** will incur a \$25.00 service charge. You will be asked to bring cash or money order to cover the amount of the check and the service charge.
- **BALANCES** –the authorizing parent is responsible for all balances. -After insurance payments have been made, no further elective treatment will be rendered until the balance is paid.
- **PATIENTS**-whose account have been turned over to a collection agency will be responsible for the account balance and all costs associated with collection, including reasonable attorney fees.
- **CANCELLATION**-we like having personal time with your child. When that time is lost, other patients awaiting treatment are also affected. Our office requires a **24-hour** notice for appointment cancellations. **A broken appointment without this notice interrupts each treatment plan and will require patients to be placed on a waiting list for further treatment.**

Date\_\_\_\_\_

Signature\_\_\_\_\_