



Sparks Location
2145 Green Vista Dr.
Sparks, NV 89431
775.331.9477

Fallon Location
2152 Reno Hwy. #B
Fallon, NV 89406
775.423.9453

Perry Francis DDS
www.waskids.com



Financial Policies

Good communication about financial responsibilities promotes good relationships with our patients. Please feel free to ask if you have any questions.

- **The person who brings the child is legally responsible for payments. _____ Initials**
- **We can not split payments between two parents.** We do ask that you make payment arrangements if necessary prior to your child's scheduled appointment.
_____ **Initials**
- We participate with the following PPO: Diversified, Dental Guard, Delta Dental Premier Only, MetLife, Cigna, Dentemax and United Concordia. _____ **Initials**
- Office visits are payable at the time of service. _____ **Initials**
- If your child requires dental treatment done in the office, we require a \$50 deposit when scheduling. This deposit will be credited towards the co pay for your child's next dental treatment. _____ **Initials**
- If your child requires dental treatment in an outpatient surgery center or under conscious sedation in office, any co pays must be paid prior to scheduling the service.
_____ **Initials**
- Please understand that our goal is to provide your child with the best dental care possible. The goal of your insurance company is to control costs. They are not in the business of determining what optimal care is. Your insurance is a contract between you and the insurance company. We bill your insurance as a courtesy to you. Any treatment fees are estimates only and you may have a balance after insurance pays
_____ **Initials**

Any remaining balances after 45 days must be paid. We do accept cash, checks, money orders, VISA, MasterCard, Discover and Care Credit.

Parent/Guardian Signature

Date



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Broken Appointment Policy

Wild About Smiles confirms all of our scheduled appointments as a courtesy. We do have an automated confirmation system that will send out a message one week prior to your child's appointment. We do ask that you please give us at least one week's notice to cancel or reschedule any routine or operative appointments. If proper notification is not received you may be charged a broken appointment fee of \$53.00 per child, any appointments scheduled with our hygienist will be charged \$75.00 per child.

For our sedation or hospital cases, we do require at least 7 business days to cancel or reschedule. A sedation/hospital fee of \$300 is required to schedule the appointment and will be forfeited if we receive less than the 7 business days' notice to cancel or reschedule.

We understand that life happens and will do our best to be accommodating in certain situations. Please do not hesitate to speak to our front office with any questions. Thank you.

Parent/Guardian Signature

Date