



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.**
- **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.
- We participate with the following PPO: Diversified, Dental Guard, Delta Dental Premier, MetLife, Premier Access and United Concordia.
- 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
- Our appointments are scheduled (3) months in advance. Any office appointment rescheduled without 48 business hours notice may be subject to a \$53.00 Broken Appointment charge. _____ 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 will bill your insurance as a courtesy to you. _____ 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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A broken appointment fee of \$53.00 per half hour/per appointment will be assessed if:

- Notification of cancellation is not received at least **24 business hours** prior to scheduled routine appointment.
- Notification of cancellation is not received within **48 business hours** of scheduled operative appointment and cancellations of multiple family members.

Sedation/Hospital Cases:

- There will be absolutely no charge to reschedule your child's sedation appointment, as long as you provide at least **7 days** notice. A sedation fee of \$300.00 is required prior to scheduling and will be forfeited if we receive less than **7 days** notice to change or cancel the appointment.
- There will be absolutely no charge to reschedule your child's hospital procedure, as long as you provide at least **7 days** notice. A hospital fee of \$300.00 is required prior to scheduling an appointment and will be forfeited if we receive less than **7 days** notice to change or cancel the appointment.

If you have any questions feel free to ask a staff member.

Parent/Guardian Signature

Date