



**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
- Our appointments are scheduled (6) months in advance. **Any office appointment rescheduled without 7 business days' notice may be subject to a \$53.00 Broken Appointment charge. Any appointments rescheduled or canceled with our hygienist without 7 business days' notice may be subject to a \$75.00 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 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.

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Parent/Guardian Signature

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Date