



Financial and Appointment Policies

Social Media, Website, and Academic Options

Taking care of you and your family is our highest priority at Hester Pediatric Dentistry, PA. These policies are very important and were created to foster an environment of clarity and mutual respect. Please take the time to read and understand them. Please feel free to contact us with any questions or concerns you may have regarding these options and policies.

Financial Policy

Our goal is to provide you with clear information regarding our dental fees and available payment options. Our fees at Hester Pediatric Dentistry, PA are based upon a combination of our cost, our time, and our constant dedication to supplying our patients with the highest quality pediatric dental care. Complete payment for services is expected at the beginning of the appointment on the day that treatment is rendered. Any insurance you have is an agreement between you and your insurance carrier and you are responsible for payment of services whether or not they are covered by insurance. You may terminate care at any time.

Payment Methods:

- Cash
- Visa/Mastercard/American Express
- Care Credit

Once treatment is rendered, fees are non-refundable. Balances not paid or payment arrangements not made within the first 60 days of the statement will be sent to a collections agency.

Treatment Plan:

I hereby accept responsibility to pay for any service(s) provided to me. Signing below means you have read and agree to the terms of this policy and payment for services. I authorize Hester Pediatric Dentistry, PA to release all information necessary to secure payment.

Print Name: _____ Date: _____

Parent/Guardian's Signature: _____

Appointment Policy

Dental appointments are excused school absences and we will provide appropriate documentation.

At Hester Pediatric Dentistry, PA we encourage patients to take their appointments as seriously as we do. An appointment time that is reserved for you and if not kept, leaves other children in need of treatment to wait longer than necessary. Any appointments cancelled less than 48 hours from scheduled appointment time or should you “no show” to your appointment, a \$50 fee will be incurred. After 3 cancellations on short notice (<48 hours) and/or “no shows”, this will result in dismissal from the practice. We do understand that there are emergencies and a 48 hour advance notice may not be possible at all times. We ask that you contact our office as soon as possible to reschedule your appointment. **Please be sure to provide us with the best contact phone number to call for reminders of appointments and your e-mail address and update us immediately with any changes.**

While we make every attempt to schedule appointments at convenient times for busy families and around hectic schedules, it may not always be possible to accommodate exact appointment date and time requests. Please be mindful that a vast majority of our patients are school age children with similar schedules. Our goal is providing dentistry that is as pleasant as possible for your child. We value your time in scheduling the sufficient time needed for each appointment and it is very important that you have your child in the office at the time scheduled. If you are more than 10 minutes late, it may be necessary to reschedule your child’s visit.

Social Media and Academic Options

At Hester Pediatric Dentistry, PA and at our sponsored community, family, and service events we enjoy actively engaging with our local community through social media. Furthermore, we like to use cases of dental treatment for academic learning through academic presentations. Only with prior consent, we ask permission to take photos and to post to our social media pages of you and your family or to use academically:

- () Yes, you may take picture of my child(ren) and post to Hester Pediatric Dentistry, PA social media pages.
- () Yes, you may take pictures of my child(ren) and use their records for academic purposes.
- () No, I choose not to allow photos or dental to be used on social media or academically.

Print Name: _____ Date: _____

Parent/Guardian’s Signature: _____