



Financial Policy

Please check with your insurance company to verify Dr. Vargas can provide dental care under your insurance plan. If Corridor Kids Pediatric Dentistry is not a current provider of your dental insurance company you will be responsible for all outstanding charges after insurance submission. If you do not have dental insurance the total charges will be due upon receiving treatment. The parent or guardian who brings the child to our office is responsible for payment in full. All statements will be sent to this individual. Patient is responsible for being aware of what benefits are available with their insurance company.

Corridor Kids Pediatric Dentistry requires 20% payment due on the day of treatment calculated from prior experience with your insurance group/or any information on benefits we can attain prior to treatment. Many insurance companies do not give all the information needed on our inquiries. Our business office staff can only provide a courtesy estimate. We will send in any documentation needed or explanation of any type of procedure to process your claim. We will assist you with your claim, but ultimate responsibility is assumed by the patient or responsible party. If the insurance does not process claim within 90 days of submission you will be responsible for this amount. Often there are special circumstances where there are more than one insurance to process, or additional information is needed etc. and we will allow more time in order for the claim to process.

For your convenience we accept cash, personal checks, Master Card and Visa.

Cancellation Policy

Corridor Kids Pediatric Dentistry has regrettably found itself in the position of having to develop a policy regarding appointment cancellations without adequate prior notice (at least 48 hours prior to scheduled visit). We certainly understand that cancellations on short notice due to emergencies and last minute developments may arise and can and do happen to all of us. However, the lack of reasonable, advanced notice results in lost opportunities to serve others. This unproductive time is frustrating, not only to us, but to those patients whose treatment requires more immediate attention than our busy schedule allows.

Therefore, if a patient fails or cancels two (2) scheduled appointments without 48 hours advanced notice, we will institute a broken appointment fee of \$50. The fee must be settled prior to scheduling any future appointments.

We greatly appreciate your efforts in honoring scheduled appointments and wish to continue to provide all of our patients with the highest quality dental care in the most reasonable time possible.

Signature (Parent/Legal Guardian) _____ **Date:** _____

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