Patient Office Policies

Gold River Pediatric Dentistry
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Our goal is to provide quality dental care in a timely manner. The policies below explain what we ask of every patient family so that we can keep our schedule running on time and keep the cost of your child's care transparent.

1. Cancellation and no-show policy

When you book an appointment, that time is reserved exclusively for your child.

- **Notice requirement:** We require a minimum of **24 hours' notice** if you need to cancel or reschedule your appointment. This allows us to offer the time slot to another patient in need of care.
- **Repeated missed appointments:** Patients with three (3) or more consecutive late cancellations or no-shows may be dismissed from the practice or required to pre-pay to reserve future appointments.
- **Exceptions:** We understand that sudden illnesses and true emergencies occur. Exceptions to this policy may be granted at the discretion of the practice manager.

2. Late arrival policy

To ensure that all our patients receive their full allotted time and that our providers stay on schedule, we ask that you arrive on time.

- **Grace period:** We allow a **15-minute grace period** for late arrivals.
- **Rescheduling:** If you arrive more than 15 minutes after your scheduled start time, we may not be able to complete your planned treatment. In this case, your appointment will be rescheduled, and a late cancellation fee may apply.

3. Financial and insurance policy

We are committed to providing transparent information regarding the cost of your child's dental care.

- **Payment due:** Payment for your estimated patient portion (including deductibles and copayments) is due **in full at the time of service**.
- **Insurance courtesy:** As a courtesy, we will verify your coverage and bill your dental insurance provider on your behalf. However, any treatment plan estimate provided is not a guarantee of payment by your insurance company.
- **Patient responsibility:** You are ultimately financially responsible for all charges incurred, regardless of your insurance coverage. If your insurance plan does not pay the estimated amount within **60 days**, the remaining balance will become your immediate responsibility.
- **Accepted methods:** We accept cash and major credit cards (Visa, Mastercard, and American Express). Please ask our front desk about additional payment options.

4. Minor patients

- A parent or legal guardian must accompany any patient under the age of 18 for their initial visit.
- For subsequent visits, if a parent or guardian cannot be present, a signed consent form authorizing treatment and a predetermined payment arrangement must be on file.

Questions about these policies?

Call us at **(916) 638-8778** and any member of our team will be happy to help. The current version of these policies is always available at **goldriverpediatricdentistry.com/patients/office-policies/**. Our Notice of Privacy Practices is available at **goldriverpediatricdentistry.com/privacy-practices/**.