



Payment & Cancellation Policy

If you need to cancel or postpone your appointment, please provide Smiles All Round with at least one working days' notice, otherwise you will be charged the full cost of the session. A working day is defined as Monday to Friday 8am to 5pm.

From 1st April 2024, cancellation fees will be calculated as follows:

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|--|-----------|
| 1. For appointments cancelled more than one working day prior to the appointment | No Charge |
| 2. For appointments cancelled less than one working day prior to the appointment | Full Fee |
| 3. Non-attendance without notice | Full Fee |

We recognise that there are exceptional circumstances where this fee may not apply.

Smiles All Round reserves the right to cancel future bookings when clients have had two or more cancellations with less than one working day/s notice.

NOTE: The cancellation fee cannot be claimed through Medicare or Private Health.

Fee Payment

If payment is not made on the day of an appointment, or if a cancellation fee is owing, an invoice will be emailed to you. The appointment fee or cancellation fee will be charged to the credit card detailed in the Credit Card Authorisation below and a paid invoice will be emailed to you for your records. All outstanding fees must be paid prior to the provision of further services from Smiles All Round.

Late Attendance To Appointments Policy

We understand that there are times when children and families arrive late for appointments. In order to respect clients with subsequent appointments in the day, your appointment must finish on time, and the full appointment fee will still be charged.

NDIS Policy

If you have an existing NDIS plan, or obtain one during your time with Smiles All Round, please be aware of the following:

- All services provided under your NDIS plan will be charged at the current NDIS rates, as outlined in the official NDIS Price Guide.
- Any report writing or documentation required as part of your NDIS plan will also be billed in accordance with these rates.
- If you exceed your available NDIS funds and continue to attend appointments, you acknowledge and agree that you will be personally responsible for payment. These services will be charged as an out-of-pocket expense at our standard practice rates.

If you have any questions about how this may apply to you, please don't hesitate to contact us.

Credit Card Authorisation

The following credit card will be kept on file and will be charged to cover outstanding fees as described in the above fee payment policy. Credit Cards will be kept confidential on our secure practice system. An invoice will be issued after this card has been charged.

Please fill out the following information

Name on card:			
Card number:			
Expiry:		CVV: (3 digit code on back of card):	

Please fill out following page...



Policies Agreement

I, hereby agree that I have read and understood the Policies set out in this document by Smiles All Round

Client Name:

Name:

(Person responsible for appointments and payment)

Date:

Signature:



I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Policies Agreement

Please email form to Smiles All Round at admin@smilesallround.com.au