

Children's Dental Care **Office Policies and Procedures**

Here at Children's Dental Care the dental care and safety of your child is our utmost concern. Our staff is highly trained and qualified to treat your child and their individual needs. In continuing to practice our mission statement of providing the highest quality pediatric dental care, it is necessary that parents/guardians follow our office policies and procedures.

Please take a moment to review each of these policies and procedures and ask our friendly staff for further explanations of any questions you may have.

1. We ask that you complete an updated health history form **every six months** for your child; giving us the most complete information necessary in the treatment of your child. This must be completed by the parent or guardian of the child, signed and dated. Without this health history the doctors will not be able to examine your child. You may complete the health history form in the office or by visiting our website, at www.childrensdentalcare.org. This form may be printed, filled out, signed by the parent/guardian and sent with the accompanying adult to your child's visit. Please note that if the doctors have any questions there must be a phone number where you may be reached.

We would like to continue offering the parents of our patients the privilege of accompanying their child/children to our child friendly operatories during their dental visit. In order to continue this offer we need the parents/guardians to follow these procedures

1. In order for the doctor and the staff to focus on your child's needs during their scheduled cleaning with our office, it is necessary to ask that only **one** adult accompany your child/children to the clinical area. This request will help with the doctor's ability to discuss any questions or concerns you may have during this time.
2. All siblings of patients not scheduled to be seen by the doctor **must** remain in the waiting area with an accompanying adult. Siblings **may not** be left in the waiting room without adult supervision.
3. If your child needs to return to the office for further treatment, only one adult may accompany them to the operatory. They must remain seated in the chair provided as a **quiet observer.** Parent's interaction with their child can deflect the child's attention making it more difficult for the doctor to complete the scheduled treatment. Any questions or concerns can be discussed with the doctor prior to the appointment.

If the patient should become uncooperative at any time during treatment, and the doctor feels it would be in the patient's best interest, it may become necessary to ask the parent to be seated in the waiting area for the remainder of the appointment. It will be left to the discretion of the doctor to invite the parent back into the operatory if they feel the child's behavior improves. If the adult is asked to remain in the waiting area, the doctor will visit with you AFTER the appointment is completed for further discussion regarding treatment and future visits to our office. If you have any questions regarding these policies and procedures please feel free to discuss them with the doctor prior to scheduling your child's restorative visit.

Please read both sides and sign upon completion

Parent/Patient Escort Privileges

Our office likes the opportunity of offering parents the privilege of escorting their child to the room during their appointment with our doctors. Because the dental treatment of your child is our utmost concern we need the parent to follow the guidelines surrounding these privileges.

- 1. Only one adult may escort their child into the clinical area remaining seated in the chair provided as a quiet observer. Often time's parental interaction with their child can distract the doctor from completing the scheduled visit. Any questions or concerns can be discussed with the doctor prior to or following the examination or treatment.**
- 2. Sibling of patients must remain in the waiting area with an accompanying adult. Siblings may not be left in the waiting room without adult supervision.**

If the patient should become uncooperative at any time during their visit, and the doctor feels it would be in the patient's best interest, it may become necessary to ask the parent to be seated in the waiting area during the remainder of the appointment. If this should occur, the doctor will meet with you at the end of the visit to discuss their diagnosis or treatment and any future visits with our office.

Attention: Cancelled Appointment Policy

Out of respect for our professional time, we request that you notify us of any cancellation or need to reschedule an appointment with us at least 24 hours in advance. There are many children who need to be seen, and are willing to take your cancelled or unscheduled appointment. When you do not give us sufficient notice, the time is lost to both the doctor and the patients who need to be seen.

Insurance Information and Authorization for Assignment of Benefits

To avoid misunderstanding with regard to dental insurance, we wish the person responsible to know that all professional services rendered will be charged to them, and they are responsible for payment of our fees. We are willing to complete and assist in filing insurance claims upon receipt of full or partial payment. We do not render our services on the basis that your insurance company will pay all our fees. Each fee is individual for the individual patient. Questions concerning insurance coverage should be directed by you to your insurance company. When paying only a deposit or an anticipated co-payment, you authorize insurance payment be made directly to Children's Dental Care, P.C, and otherwise payable to you.

PAYMENT FOR SERVICES IS DUE AND PAYABLE THE DAY OF SERVICE:

Payment may be by cash, personal check or money order. We also accept MasterCard, Visa, Discover, American Express credit cards. Our office also accepts Care Credit which allows flexible payment plans. A fee of \$25.00 will be charged for all returned checks. Any account balances over 30 days will be accessed a handling fee of \$8.00 minimum or 1.5% of the total amount due. All patients with accounts that have balances over 90 days will be notified in writing that the account is being handled through a collection agency.

I have read and understand the policies and procedures of this office.

Parent/Guardian _____ Date _____

Request and Authorization for Dental Care

Parent/Guardian _____ Date _____