

Patient Name / DOB /  
Today's Date

## Disclosure of Health Information

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We use and disclose health information about your child for treatment, payment, communication with contributing healthcare providers and healthcare operations. You may give us written authorization to disclose health information to anyone for any purpose; in addition, any authorization may also be revoked in writing. We will need written permission before any health information is disclosed to any caregivers besides the child's legal guardian. In the event of an emergency, we will disclose information based on our professional judgment. If we suspect possible abuse, neglect, or domestic violence, we may disclose your child's health information, as the law requires.

## Patient Rights

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- **Access:** You have the right to look at or obtain copies (charge for copies and postage if mailed) of your health information.
- **Restriction:** You have the right to request that we place additional restrictions on or use of disclosure of information.
- **Alternative Communications:** You have the right to request that we communicate with you about your health history in alternative means.
- **Amendment:** You have the right to request that we amend your health information. We may deny your request under certain circumstances.

## Cancellation/No Show Policy

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Our office requires notice to cancel your appointment in the case of an emergency.

**We reserve the right to charge a fee for those not giving notice.** If an appointment is missed or canceled without 48-hour notice, you will be charged a \$50 fee. Missed appointments are not covered by insurance.

Any fee **must** be paid before a new appointment is scheduled. After two missed appointments, it will be at the doctor's discretion to schedule additional appointments.

## Financial Policy

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**Payment at time of service:** It is our policy that payment is due at the time of service. We accept cash, checks, credit cards (MasterCard, Visa and Discover) and CareCredit (for those who qualify) as payment. Parents/Legal Guardians bringing the child to our office are responsible for payment of all charges. We cannot send statements to other persons.

### Patients With Insurance

- **For covered services, we ask that all co-pays and deductibles be paid on the day of treatment.** Since your insurance company may not cover all costs, we ask that you pay any percentage of your balance not paid by your insurance on the day of treatment.
- **For services that are not covered by your insurance, we ask that you pay the entire fee the day of your treatment.**

- We will attempt to answer any questions we can about your insurance and, when possible we will assist in resolving complications with your insurance company. Please understand that we cannot speak on their behalf. Your insurance contract is an agreement between you, your employer and your insurance carrier. In the event that your insurance company has not paid (on your behalf), you will be responsible to pay your account.

## Patients Without Insurance

- **For those patients without insurance coverage, you will be responsible for payment on the day of treatment.** If you are not able to pay in full, or if your treatment requires several visits, you will be given an estimate and will be able to discuss payment arrangements with a member of our business office staff.

## Collections

- Please note that any unpaid balance will be referred to a collections department within 90 days. If we have to submit your account to a collection agency, all fees incurred will be passed onto you. In addition, any bounced checks not reconciled will be sent to the State Attorney's Office. A service charge of 1.5% (18% annual) on the unpaid balance will be charged on all accounts exceeding 60 days, including balances billed to insurance.

## X-Rays

- You are responsible to pay a fee for duplicate copies of your X-rays.

## Procedure Info

- **Fillings:** Our dental material of choice is a tooth-colored plastic filling (composite resin). Please be aware that your insurance company may reimburse only at the level of a silver (amalgam) filling, and as such, the difference will be your responsibility.
- **Behavior Management:** procedures required to complete treatment in a safe and efficient manner will be assessed on an individual basis.
- **Nitrous Oxide (Laughing Gas):** Nitrous oxide is rarely covered by dental insurance; therefore, full payment for this service will be collected on day of treatment.
- **IV Sedation:** The full sedation fee will be required 2 weeks prior to sedation appointment and will not be reimbursed if patient fails to show at the scheduled time. Please be aware that treatment may change on day of service and parents will be accountable for additional fees, if any.
- **Emergency Treatment:** Emergency treatment must be paid in full at the time the service is rendered.

## Parent/Legal Guardian Information

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Parents/legal guardians have the responsibility to provide a complete health/dental history to include allergies, current medications and emergency room visits/hospitalizations. We strive to establish cooperation and trust between our staff and your child. Parents are welcome to accompany their child into the treatment area during all appointments, except for IV sedation, as this gives you the opportunity to see our staff in action. We also ask that siblings remain in the reception room or play area so that we may fully focus our efforts on the patient. There may be times when a child's experience is enhanced by a parent's absence and as such, we encourage older children (i.e. 6 years or older) to come back to the treatment area by themselves to promote autonomy and confidence. Also, older children who are apprehensive may look for an "escape" by going to their parents. In this case, we may ask the parent to wait in the reception room during treatment to facilitate a more direct line of communication between the child and doctor.

## Photography/Testimonials

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Photographs of the patient may be taken for diagnostic and/or educational purposes. We would like the opportunity to use photographs/testimonials to support our practice in ads, pamphlets, websites, mailings and other forms of communication. If you decline, please provide us a written statement that will be placed in your file for future reference.

## Infection Control

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We utilize the most effective infection control measures and fully comply with the new OSHA standards for sterilization. We maximize our use of disposable material and sterilize all of our hand instruments.

## Questions and Complaints

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Questions may be directed to our office manager. Violation of privacy rights, disagreement regarding access to health information or failure to respond to a request to amend or restrict disclosure of health information may be reported to the U.S. Department of Health and Human Services.

## Sign Form

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**I have thoroughly read the Office Policies. I understand and agree to the Office Policies. These policies are in effect for all appointments at our office. Please acknowledge that you have had the opportunity to review these policies by signing below.**

Name of Parent, Legal Guardian or Authorized  
Representative  
Relationship to Patient  
Signature