

CHILDREN'S DENTISTRY OF LITHONIA

OFFICE POLICIES

Welcome to our practice! We are excited you have chosen our team of professionals to create positive smiles for your child(ren). To better serve you, we have prepared our office policies so that you may have an understanding of how our practice functions. If you have any questions, please feel free to ask.

PATIENTS

- We are **PEDIATRIC DENTAL SPECIALISTS!** That means, we specialize in comprehensive dental treatment for children. From the appearance of an infant's very first tooth until that same child graduates from high school, we want to be personally involved in maintaining a dazzling smile! Most children should be seen for the first time at around one year old; however we are happy to see infants and children of all ages. Our professional staff is skilled in making sure each child has a positive dental experience in our office!

APPOINTMENTS

- Dental decay is the number one disease among children. Many children in the Atlanta area suffer from tooth decay. As a result, we have a list of children who are waiting just to be seen for an initial appointment. We have specifically scheduled an appointment for your child. We ask that you please be on time (preferably early!) for your appointment as we try to see each patient within 10 minutes of his/her appointment time. Because the appointment time has been specifically created for your child, we reserve the right to reschedule your child's appointment to another time if you are 15 or more minutes late. Please understand that there are instances when your child's appointment may run longer than anticipated. We ask that if your child's appointment runs longer than anticipated that you be patient so that we can give your child the quality care and attention that he/she deserves.
- It is the policy of this practice to exclusively treat children and the special needs person. Each child that we see is evaluated on an individual basis to determine the treatment situation that will lead to them having the best possible dental experience. Children tend to react to the fears and concerns of their parents and it is our experience that some children are more responsive and cooperative to treatment if their parent(s) are not present during treatment. If a child's parent is present during the dental procedure we ask that they are a silent observer so that 100% of our attention can be on the child receiving treatment. If asked to remain in the waiting room during treatment we respectfully require that you remain in the waiting room while your child is being treated. **Parents should NOT LEAVE the dental office during the child's treatment.** This will enable us to have immediate access to you should we need additional information regarding your child. Once your child's treatment is complete, the dentist, hygienist, and/or assistant will speak with you to outline the treatment performed and necessary follow-up, if any. During the appointment, your child will be supervised at **all times** by a member of our staff. They will be encouraged to play at the play table, read a book, play with puzzles and games, or watch TV. We want their time in our office to be remembered as a FUN time!
- We understand that there will be times when you will not be able to keep the appointment time that has been reserved specifically for your child. As a courtesy to the other children needing dental attention, **we request that you notify our office at least 24 hours in advance if you will be unable to keep your scheduled appointment.** For your convenience, an answering machine is maintained to allow you to cancel an appointment or leave a message after our regular office hours. Please feel free to call our office anytime, 24 hours a day! Please

note that we reserve the right to dismiss your child from our practice for continued failure to keep scheduled appointments.

MEDICAID/PEACHCARE RECIPIENTS

- We require all patients and their families covered under Medicaid/Peachcare benefits to bring a current Medicaid/Peachcare card to each appointment. We will not verify Medicaid/Peachcare coverage for you. Your child's appointment will be rescheduled if you do not bring your child's current Medicaid/Peachcare card. Continued failure to bring your child's Medicaid/Peachcare card will be considered failure, to keep your scheduled appointment and will result in dismissal from our practice.

PERMISSION FOR TREATMENT

- A consent form will be required prior to any treatment. **In addition, we require that anyone, other than a parent or legal guardian, bring a permission slip signed by the parent or legal guardian allowing that person to make decisions regarding dental treatment for that child.**

PAYMENT TERMS

- Payment is due at the time of treatment. We gladly accept cash, check and most credit cards.
- You are entitled to a clear understanding of your financial obligations before treatment is rendered. A wide variety of services are available in this office; therefore, we have no uniform policy, which covers all treatments and procedures.
- Insurance — As a courtesy, we will be happy to file your insurance claims with benefits assigned to Children's Dentistry of Lithonia, LLC. Any amount that is estimated to not be covered by your policy is due at the time of service. The estimate of benefits is based on information that our office has received from the insurance company. It should be understood that your insurance company may periodically change the level of your benefits without our knowledge. Therefore, it is important to understand that you will be responsible for any difference in payment that may be discovered between the estimated and the actual coverage amount. If you know of any changes in your coverage, please notify our office immediately. A copy of your current insurance card will be required for our file.
- All account balances over 90 days will be assessed a Finance Charge with an Annual Percentage Rate of 18.00%.

Patient Name _____

I acknowledge that I have read and accept the above office policies of the Children's Dentistry of Lithonia, LLC

Parent/Legal Guardian Signature _____ Date _____