

Pediatric Dental Health Associates Policies

Pediatric Dental Health Associates is committed to providing the very best individualized and compassionate oral health care for your child. Please assist us by reviewing our policies and completing the requested information below.

Financial

Our office is a fee for service office. As a condition of providing care for your child, all fees are to-be paid at the time the care is provided. The parent or guardian accompanying your child to the office is responsible for payment. We accept cash, check, Visa, MasterCard, American Express or Discover.

Insurance

For patients with dental insurance, we will take care of submitting your insurance claim for you. This is so you can be reimbursed for your payment for the care that was provided. All insurance plans are different, but if you have a PPO insurance, you will probably receive some portion of the fees paid through their out of network reimbursement. We are not in contract with the insurance companies. For future appointments, we can submit a pretreatment estimate so you know in advanced the amount the insurance company will reimburse you. Please remember to bring your insurance card to your appointment.

PRIMARY CARRIER

Subscriber Name: _____
Subscriber SS# _____
Group Number: _____
Employer Name: _____
Insurance Name _____
Telephone # _____
How long have you had this insurance? _____

SECONDARY CARRIER

Subscriber Name: _____
Subscriber SS# _____
Group Number: _____
Employer Name: _____
Insurance Name _____
Telephone # _____
How long have you had this insurance? _____

If you would like us to submit insurance forms to your dental insurance carrier on your behalf, please check the box below. Treatment plans are never submitted without your approval.

I authorize release of any information relating to this claim.

Appointment cancellation/rescheduling

When you come to our office we reserve the time specifically for your child. Depending on your child, there may be a best time to schedule this appointment. The time is not always the most convenient for the parents but our goal is to give your child the best possible experience. Young children generally do better in the morning or after a nap. Please consider these factors when scheduling. Once you have scheduled this appointment, please keep your appointment unless it is absolutely necessary to reschedule. We do ask that you give us 48 hours advanced notice prior to changing your appointment so we can contact others that are waiting for this specific time. If you do not provide us with the 48 hour notice, there will be a \$50 cancellation fee.

I have reviewed Pediatric Dental Health Associates' Policies above and understand my financial options and obligations as described.

Signature of Parent or Guardian: _____