

Child's Name _____

SUMMARY OF OFFICE POLICIES

Thank you for visiting the Pediatric Dental Office of George G. Scott, Jr., D.D.S., P.A.

This letter is to inform you of our office policies so as to prevent any confusion which may delay the treatment of your child. Appointments are specific times set aside to treat your child. Please arrive 10 minutes prior to your scheduled time to allow for any necessary paperwork. All cancellations must be made with at least 24 hours notice. If you have any questions about your child's treatment plan, please phone ahead or arrive extra early for the appointment so that the prearranged appointment time may be for treatment only. At new patient and recall appointments, you will be invited to come into the exam area to talk with Dr. Scott about your child's oral health needs. In order for Dr. Scott to effectively communicate and develop a relationship with your child we ask that parents refrain from entering the treatment area during operative treatment appointments. However, parents are asked not to leave the premises at anytime during their child's appointment.

Treatment plans are printed out by appointments for your convenience. The patient portion of the treatment appointment is due at the time of service. Since insurance polices are a signed contract between you and your insurance company, we have no control over your benefits. We appreciate your business and will be glad to file most insurance claims for you. However, the payment guarantor is responsible for the entire remainder of the account balance 30 (thirty) days after treatment is rendered.

Any questions about office policies may be directed to Joni Cooke. Questions about check-up appointment scheduling may be directed to the recall secretary. Questions regarding insurance may be directed to Lisa Patterson.

PLEASE SIGN **X** _____