



general dentistry
and early orthodontics
for children

We are pleased to have this opportunity to review with you these important notes and reminders prior to the beginning of your dental treatment.

- SCHEDULED APPOINTMENTS
- PAYMENTS and STATEMENTS
- INSURANCE COVERAGE
- X-RAYS and DENTAL RECORDS

Scheduled Appointments

- EMERGENCY
- HYGIENE
- CONTINUING CARE
- TREATMENT SERIES

An appointment is a precious thing. Each appointment is made to benefit your child's treatment and should be kept as other patients are waiting for their own treatment appointments. Appointments that are not kept affect other patients in need of care.

Jobs, family matters and the unexpected affect us all. We are prepared to work with you in the event of an emergency scheduling conflict. In return, we ask that you share your conflict with us as soon as possible. We can guarantee there will not be a charge as long as we receive a **48-hour notice**.

WITHOUT 48-HOUR NOTICE, YOU WILL BE CHARGED
A LATE CANCELLATION FEE OF \$45.00,
PAYABLE ON OR BEFORE YOUR NEXT APPOINTMENT.

Initials of Parent or
Responsible Party

Insurance Coverage

- PRIVATE
- EMPLOYER PROVIDED
- FULL PAY
- CO-PAY

The parent, responsible party, or person accompanying the patient is expected to pay the co-payment for treatment at time of service.
For cash pay the entire amount is due at time of service.

For patients covered by a private or employer assisted insurance plan, we require complete and accurate information to obtain reimbursement for the portion of treatment cost covered by that carrier. To assist in our reimbursement a copy of the TOTAL PAID bill will be sent to your insurance.

We will require:

- Name of responsible party
- Date of birth of insured
- Social security number of insured
- Employer name / address phone number
- Insurance group / policy number
- Name, address and phone of insurance company

After reviewing the dental treatments recommended by Dr.Trout, (and before such treatments are delivered) a staff member will review with you the specifics of the estimated treatment fees to be paid by you.

CO-PAYS ARE ESTIMATES ONLY

Initials of Parent or
Responsible Party

CONTINUED ON BACK . . .

Payments and Statements

- CASH
- CHECK
- CREDIT CARDS
- CARE CREDIT



Initials of Parent or Responsible Party

Payment is collected on the day services are delivered. We can accept cash, personal check, or credit card for dental fees.

Patient is responsible for all services that are rendered. Our office bills the insurance company as a courtesy.

Any unpaid balances over 30 days old will accrue a service charge of 15% of the balance due each month.

X-Rays and Dental Records

- EMERGENCY
- ROUTINE
- TREATMENT

Initials of Parent or Responsible Party

X-Ray films provide Dr. Trout with the only clear understanding of what is happening inside your child's mouth and jaw. As valuable as these images are to our diagnosis and treatment, their necessity and frequency are never taken for granted.

Examination X-Rays will be taken twice a year. X-Rays are one of your most enduring dental histories. They allow us to compare the development of healthy teeth and deterioration of older dental treatments. They are part of your child's permanent record.

If a relocation or move out of our area necessitates a change in dentist, your child's dental X-Rays can be made available. This transfer of records requires written permission to transfer X-Ray records.

In some cases, a fee for duplication of patient's X-Rays may be necessary.

As the parent or party responsible for this child I have read and understand these Important Notes & Reminders - initialing those sections as indicated.

Signature

Date