

Welcome to Just for Kids Pediatric Dentistry, Ltd.!

Consent for dental examinations for _____.

Thank you for choosing us as your child's dentist. We are committed to your child's successful treatment. Please understand that prompt payment of the account is considered a part of your child's treatment. The following is a statement of our policies.

OFFICE VISITS

Payment for the initial examination is due at the time of service. Payment for all other visits is due at the time of service unless prior arrangements have been made (see Insurance below).

All children will be brought back to visit with the dentist by themselves. Only for extremely young patients or for patients with severe disabilities will an exception be made to this policy.

The initial visit is spent conducting a thorough examination. We need to know important medical facts about your child and ask that you complete the medical history as accurately as possible. Depending on your child's age, several x-rays will be taken to determine the presence of cavities between the teeth and the number and location of permanent teeth. We will examine, clean and apply fluoride to the teeth. We will then discuss the findings with you. **IF YOU DO NOT WANT FLUORIDE OR X-RAYS, PLEASE LET US KNOW BEFORE YOUR CHILD IS TAKEN TO THE EXAMINATION ROOM**

Recall examinations will be conducted in a similar manner. However, if your child maintains ZCG (zero cavity growth) for one full year, we will recommend that diagnostic x-rays be taken on an annual basis rather than at each six-month recall examination. **IT IS IMPERATIVE THAT ALL CHANGES TO YOUR CHILD'S MEDICAL HISTORY BE BROUGHT TO OUR ATTENTION BEFORE YOUR CHILD IS TAKEN BACK TO SEE THE DENTIST.**

INSURANCE

We may accept assignment of insurance benefits after your second visit. However, we may require 20% of all restorative charges, 50% of orthodontic appliances and crowns **to be paid at the time of service**. The balance is your responsibility whether your insurance company pays in part or in full. If there are any changes to the insurance information we have on file, let us know when you are checking your child in. Your insurance coverage is a contract between you and your insurance company. Since we are not a party to that contract, we ask that you keep in contact with your insurance company to check status of outstanding claims. If your insurance company does not make payments to out-of-network providers, payment is due at the time of services. **Your signature on this document gives permission for insurance benefits to be assigned to the dentist.**

If your account carries a balance after 45 days (regardless of whether insurance has made payment), a billing charge of \$1.50 will accrue monthly **with no exceptions**. An alternative to the monthly billing charge is to set up a "cash" account (we accept cash, check, Visa, Discover, or Mastercard). We can then supply you with the necessary paperwork for you to submit a claim to your insurance company. Any balance automatically becomes your responsibility in full after 4 months if insurance has not paid the claims submitted.

MISSED APPOINTMENTS

Unless an appointment is canceled at least 24 hours before an appointment time, we reserve the right to charge an amount of \$50.00 for that canceled/missed appointment. If three appointments are missed during peak, non-school hours, we reserve the right to schedule appointments for your child only during non-peak hours.

MONTHLY BILLING CHARGE

If any portion of your account remains unpaid, a monthly billing charge of \$1.50 per month will be added to the account after 45 days **with no exceptions**. This policy applies whether we are waiting for your insurance to pay or whether you have no insurance.

OTHER CHARGES (Subject to change without notice)

Duplication of Records: \$15.00 per child

Returned Check: \$35.00

Thank you for reading and understanding our financial policy. Please let us know if you have any questions or concerns.

I have read the above information and understand and agree to the contents of this document

SIGNATURE

RELATIONSHIP TO CHILD

DATE

02.25.13