



619 S. Heatherwilde Blvd. • Pflugerville, Texas 78660 • 512-989-6900 • [www.drbaipediaticdentist.com](http://www.drbaipediaticdentist.com)

Dear Parent,

We are excited to have your child as a patient at our office! We strive to offer the very best in pediatric dentistry so we can ensure your child has the right tools to maintain lifelong oral health and wellbeing. Below is a list of our office policies that are strictly enforced to ensure we extend the utmost courtesy to all of our busy parents. Thank you in advance for your consideration to our staff, patients, and other parents by following these policies.

- Each hygiene appt will consist of: a dental cleaning, exam, fluoride treatment (AAPD and ADA recommend every 6 months necessary for developing teeth), hygiene/diet instructions, and x-rays at 1 appointment per calendar year
- 48 business hours cancellation required. A \$50.00 fee is applied for cancelled hygiene appointments, \$100.00 for sedation/restorative appointments, and \$250.00 for surgery appointments w/out prior notice. We may also require the patient to pre-pay for their out of pocket expense prior to rescheduling another appointment if cancellations have occurred more than once.  
\*10 Minutes late to an appointment is considered rescheduling without prior notice and a fee can be applied.
- A parent or legal guardian must accompany the child to the office and stay on premises for the duration of the appointment. We always welcome parents to come back with their child during the dental health visits. Should your child require dental treatment we allow only one parent to accompany the child and siblings will not be allowed into treatment areas. Children under the age of 13 are not allowed to be left in the waiting area unattended without someone, 18 years of age or older, accompanying them.
- We will file your primary insurance and can ESTIMATE what your insurance may cover. This is simply an estimate, not a guarantee of benefits. Any amount your insurance does not cover is the sole responsibility of the financially responsible party (parent or legal guardian) We will provide you with a superbill if you wish to file your secondary coverage from home.
- Payment must be made at time of service. NO EXCEPTIONS. After insurance pay a claim you have 30 days to pay any outstanding balance to avoid turning over the account to a collection agency.
- A \$50.00 NSF fee will be charged on all returned checks. You will have 10 days to make payment in full by cash, credit card or money order.

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(SIGNATURE OF PARENT/GUARDIAN) (DATE)