

# fort mill pediatric dentistry

*Welcome to our office. We strive to provide exceptional dental health care in a safe, clean and fun environment. In order to partner with you and your family, the following guidelines have been established to ensure you have a positive dental experience. The scheduled appointment is reserved specifically for your child. If a cancellation is unavoidable, please call the office at least 24 hours in advance so that we may give that time to another patient.*

## **Appointment and Financial Policies**

- Most restorative (fillings, extractions, etc.) procedures are scheduled in the morning. Children, as well as adults, are prepared and do better in the morning for these types of procedures.
- If you arrive 10-15 minutes late for your appointment, you may be asked to reschedule for the next available appointment time to allow proper time with your child.
- If you are unable to keep your appointment for any reason, our office requires a **24** hour notice for cancellations.
- Broken or missed appointments affect many people. If two (2) broken/missed appointments occur or two (2) cancellations without 24-hour notice, our office reserves the right to NOT schedule any subsequent appointments and/or apply a \$40 broken appointment fee.
- Please be aware that the parent bringing the child to Fort Mill Pediatric Dentistry is legally responsible for payment of all charges. We cannot send statements to other persons.
- Your insurance is a contract between you, your employer, and the insurance company. Your insurance benefits are determined by the type of plan chosen by you/your employer. Because insurance policies vary greatly, we can only estimate your coverage in good faith, but cannot guarantee coverage due to the complexities of insurance contracts. Your estimated patient portion must be paid at the time of service. As a service to our patients, we will bill insurance companies for services to render payment.
- Returned checks will incur a \$25 service charge. You will be asked to bring cash or money order to cover the amount of the check and the service charge. No additional treatment will be scheduled until past due monies have been collected.

*There may be special circumstances in which we accept assignment of benefits from your insurance company, but please remember, even if you have insurance coverage, you are responsible for payment of your account. Thank you!*

## **Office Policies**

- For the safety and privacy of others we kindly ask that only 1 parent accompany your child in the treatment area at a time.
- Our only play area is in the reception room, if you choose to bring siblings we may ask that you remain in the reception area with them while we see your child.
- NO cell phones are allowed in clinical area. Please ask prior to taking any pictures. No videos allowed.
- NO food and drink are allowed in the office. To uphold our stringent standards of infection control neither food nor drink are allowed in the treatment area. Contamination of these products are possible.

*If at any time you have questions, please feel free to ask our courteous team members or call our office. We are here to help in any way we can. We appreciate you entrusting your child's dental health to us. Thank you!*

Date \_\_\_\_\_ Signature \_\_\_\_\_