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Welcome to our practice. We'd like to take this opportunity to ask you to please review our policies explained below. If you have any questions, please do not hesitate to ask us to clarify.

## Office Policy

### Scheduling Appointments

In general, our office will schedule appointments for your convenience and confirm them via telephone or email the business day before. We prefer to see preschool children and the very anxious child in the morning when they are freshest. This allows us to work more slowly with our patients and to focus more on providing for our patients' comfort.

For similar reasons, young children in school should also be seen in the morning. Dental appointments are excused absences. By taking your child to visit the dentist on a regular basis, you will help your child avoid major problems that can cause pain and keep your child out of school longer. It's common for children to be taken out of school early for appointments and brought back to school to finish the day.

We understand that you value your time and will strive to keep all appointments on time and on-schedule. In return, we ask that if you anticipate not being able to keep any of your appointments, please give us at least a 24-hour notice. With sufficient time, we may be able to schedule other patients for appointments that they may desperately need.

### Finances

Payment for professional services is due at the time dental treatment is provided. Every effort will be made to provide a treatment plan which fits your timetable and budget, and gives your child the best possible care.. We accept most credit cards (Visa, Mastercard, Discover, and American Express), cash, checks or debit for your convenience. If you anticipate a problem in paying for services, please discuss this (in person) in advance with our receptionist, as we offer a few possible financing options.

We plan to be in-network for the following insurance plans: Aetna, Cigna, Delta Dental, Guardian, and Metlife. Please call to verify this before your appointment as plans may be added or dropped. In the event we are not a provider for your insurance, you will be responsible for the payment of procedures. As a courtesy, we will help you complete any necessary forms so your insurance company can reimburse you.

In both instances you will need to be prepared to pay any amount that is determined not payable by your insurance plan, such as deductibles and percentages, or procedures not covered under your plan.

There is a \$20.00 fee for all returned checks. It is our policy to inform all patients of the fees for all treatments planned. However if for any reasons we fail to do so, it is your responsibility to inquire before the treatments starts.

Tips:

- 1) Read and understand your insurance policy. If you have any questions, feel free to call the insurance company to explain your benefits to you. Remember that there is no such thing as 100% coverage for ALL procedures. Often insurances will cover 100% of routine preventative care (cleanings and exams), but a smaller percentage of any treatment needed.
- 2) Remember that we do not work for the dental insurance companies. As healthcare providers, we will recommend the best options for your child's health regardless of what the insurance company will cover.
- 3) Be prepared to pay any balance not covered by the insurance. We will attempt to collect payment from your insurance company who is required by law to settle debts within 30 days. From time to time, an insurance company may deny a claim and you will be responsible for any balance. For example: Your 6 year old has an adult tooth growing behind a baby tooth in the front giving them two rows of teeth! The baby tooth is not wiggly and you are concerned about the situation and want the baby tooth taken out. Of course, this seems like perfectly acceptable treatment though the insurance company may deem this procedure as "not necessary" since that tooth may have EVENTUALLY fallen out on its own. Of course, this doesn't change your decision to have the tooth pulled but you will have to pay out-of-pocket.

### Staying with your child during dental visits

We invite you to stay with your child during the initial examination on the first appointment day. This way, you and your child can become familiar with the office, doctors, and staff together which often make both you and your child more comfortable in the new environment. During future appointments, we suggest you allow your child to accompany our staff through the dental experience. We can usually establish a closer rapport with your child when you are not present. Our purpose is to gain your child's confidence and overcome apprehension. Separation anxiety is not uncommon in children, so please try not to be concerned if your child exhibits some negative behavior. This is normal and will soon diminish. Studies and experience have shown that most children over the age of 3 react more positively when permitted to experience the dental visit on their own and in an environment designed for children. However, if you choose, one parent can accompany your child to the treatment room for the start of the procedure. Once the procedure has started and the patient is comfortable, we ask that you wait in the reception room. Our focus will be on your child only and any distraction from non-staff members can affect the success and safety of the treatment. For the safety and privacy of all patients, other children who are not being treated should remain in the reception room with a supervising adult.

## Consent for Treatment

We understand that grandparents, aunts, and uncles often play a major role in a child's life, but only the LEGAL GUARDIAN (LG) will be able to sign forms and consent for treatment. The LG must be present on the first visit to sign the health history form, treatment plan, and financial obligation form. The LG may give permission for family/friends to bring the child on any subsequent visits in the form of a notarized and signed letter. This person will then have to ability to give consent only for treatment previously accepted by the LG. The LG is responsible for payment.

I have read the office policy and was given a copy. I am the legal guardian (LG) of \_\_\_\_\_ / (patient's name)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_