

ABOUT OUR OFFICE

APPOINTMENT TIMES

Our office makes every attempt to make scheduling your child's appointment as easy as possible. We have implemented a few guidelines in order to accommodate the majority of our patients.

Cleaning Appointments:

All children 6 years old and under will always be seen in the morning. This includes all children in kindergarten and preschool. This will allow us to see older patients in the afternoon time when it is more important not to miss school.

Filling Appointments:

Generally, children 8 years old and younger will be seen in the morning for filling appointments. The purpose for this is, children of this age tend to be too tired for late day appointments and do not handle the treatment as well. Also the office tends to be a bit slower in the morning which allows extra time for children that might be fearful.

Promptness:

Please schedule times that you are able to keep. Many of our parents schedule after school appointments in which they wait for their child to get home from the bus or do not factor in after school traffic. This often results in our patients arriving 10 to 15 minutes late. The result is our schedule not running as assigned which is unfair to patients who arrive on time. Please take the appropriate measures to see that your child arrives on time to their visit. As a general rule patients that arrive more than 10 minutes late may not be seen.

DENTAL X-RAYS

We follow the guidelines established by the American Academy of Pediatric Dentistry for all treatment. We do not take dental x-rays every year just for the sake of it. Each child is treated as an individual, if your child has a dental decay history we tend to take them every year. If your child has no dental decay then we tend to take x-rays every 18 months to 24 months.

If you are present with your child we will always ask before we take dental x-rays. If you are not present with your child (a grand parent, family member or older sibling brings your child) we will update your child's x-rays if they are deemed necessary.

PAYMENT AND INSURANCE

Payment is expected at the time of treatment. Payments may be made by cash, check or credit card. If you are covered by an insurance plan any portion not covered by your insurance is expected at the time of treatment including deductibles and/or patient portions. Any account balance 60 days old will be subject to a finance charge of 1.5 % per month (18% per year) on the unpaid balance.

Pediatric Dental Associates is not responsible for the determination of benefits provided by your insurance company. Currently we estimate that we accept approximately one thousand insurance plans. Our office will make every effort to help you with your benefits. If your insurance carrier does not allow for the payment of a particular treatment then you will be responsible for the payment. If your company only recognizes a percentage of our fee you will be responsible for the difference.

NOTICE OF PRIVACY PRACTICES

Our office follows all HIPAA regulations concerning the confidentiality of patient records and information. I have received a copy of this office's Notice of Privacy Practices, and give consent for the use and disclosure of health information to carry out treatment, payment activities and healthcare operations.

I the under signed have read and understand the policies and practices of Pediatric Dental Associates

Your signature

Date