

# Kid's Dentistree

## Financial Policy

Thank you for choosing us as your child's dental care provider. It is very important to us that we establish the kind of relationship with you that provides the very best care in the most pleasant environment possible.

In order to make financial arrangements for your child's treatment, we offer several flexible payment options. We accept cash, checks, all major credit cards, as well as extended payment plans upon credit approval.

## Dental Insurance

We are happy to accept assignment of insurance benefits from your insurance company. As a courtesy to you we will file your insurance and help you maximize your benefits. We will estimate your insurance coverage and your portion of the cost of the treatment, which is due at the date of service. Since this is an estimate only, you may have an additional balance due, or we may issue you a refund after we have received payment from your insurance carrier. It is important to note that the balance on your account is your responsibility regardless of your carrier's coverage.

## Missed Appointments

Please help us serve your child and all our patients best by keeping your scheduled appointment. If it is necessary to reschedule your child's appointment, please give us a 24-hour notice in order to avoid a \$25 fee.

## Summary of Notice of Privacy Practices

*Our Privacy Practices comply with Omnibus 2013*

Kid's Dentistree keeps information of all your dental visits. We are required by law to maintain the privacy of your child's protected health information, and to provide you with notice of our legal duties and privacy practices with respect to your child's information upon request. You can also find the Notice on our website. This notice is a detailed explanation on how we may use your child's protected health information and your rights to inspect, and amend your information. We are required by law, and by our own code of ethics, to keep your child's information private, and to follow the practices outlined in this Notice. Our Privacy Practices comply with Omnibus 2013, and are updated effective 09/23/2013.

\* You May Refuse to Sign This Acknowledgment\*

**I have had full opportunity to read and consider the contents of this office's Notice of Privacy Practices. I understand I am giving my permission to use and disclose my child's protected health information to use in treatment, payment activities, and healthcare operations. I also understand that I have the right to revoke or modify this permission**

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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### For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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### **Patient Safety and Privacy**

For your comfort one adult is welcome, but not required to accompany your child to the treatment areas. We do encourage self independence to help promote the growth and development of your child. For safety and privacy of the other patients all other children, including children that are not scheduled at this appointment, are asked to remain in the reception room. Young children in the reception room will need a supervisory adult. Also, please refrain from bringing strollers into the treatment area as well, as they tend to block common pathways.

Additionally, the use of cellular phones is prohibited in the treatment areas. The extra conversation carried on by others in the clinical area can be most distracting to children, preventing us from close, careful communication with each young patient. Thank you for your understanding and cooperation in these matters.

### **Appointment Policy**

- The scheduled appointment is reserved specifically for your child. Any change in this appointment affects many patients. 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.
- We strive to see all patients on time for their scheduled appointment. There are times when our schedule is delayed in order to accommodate an injured child or an emergency. Please accept our apology in advance should this occur during your appointment. We will do the exact same if your child is in need of emergency treatment.
- Please plan to arrive 5 minutes or more before your scheduled appointment. This will allow time to complete any additional paperwork and see your child on time.
- If you arrive 10-15 minutes late for your appointment, you may be asked to reschedule for the next available appointment time.
- Again, please call at least 24 hours in advance if a cancellation is unavoidable so that we may give it to another patient.
- Broken or missed appointments affect many people. If two (2) broken/missed appointments occur or two (2) cancellations without 24-hours notice, our office reserves the right to NOT schedule any subsequent appointments.
- A parent/legal guardian (with official documentation) must be present during the initial examination and/or any treatment appointments.

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

Thank You!

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

## SUMMARY OF NOTICE OF PRIVACY PRACTICES

**Kid's Dentistree** keeps a record of every visit you make to our office and we are committed to protecting the health information that is in that record. Typically, the record contains information about your health problem plus our professional impression, diagnosis and treatment. The record belongs to **Kid's Dentistree** but the information in it is yours.

The **Kid's Dentistree** Notice of Privacy Practices is detailed explanation of how we may use your health information and your right to inspect copy and amend what is recorded. We are required by the law and by our own code of ethics to keep the information about you private, to give you this Notice about our privacy practices and to follow the practices outlined in this Notice.

You have the right to a copy of this Notice and you should ask to receive one.

To receive a copy of our Notice, check one of the following:

I am requesting a copy of **Kid's Dentistree** Notice of Privacy Practices

I do not wish to receive a copy of **Kid's Dentistree** Notice of Privacy Practices at this time. I reserve the right to request a copy at a later date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

1) \_\_\_\_\_  
Minor Child's Full Name

2) \_\_\_\_\_  
Minor Child's Full Name

3) \_\_\_\_\_  
Minor Child's Full Name

4) \_\_\_\_\_  
Minor Child's Full Name

5) \_\_\_\_\_  
Minor Child's Full Name

6) \_\_\_\_\_  
Minor Child's Full Name

Signature \_\_\_\_\_

Date \_\_\_\_\_