

# CLARK PEDIATRIC DENTISTRY PRACTICE POLICIES AND CONSENT FOR TREATMENT

Welcome to Clark Pediatric Dentistry! Our goal is to provide your child the highest quality dental care; we are confident that is your goal as well. Please take the time necessary to review the following policies that will guide us to our mutual goal. After reviewing these policies, please feel free to ask us any questions.

## PATIENT ACCOUNTS

- **FILING INSURANCE:** As a courtesy to our patients, Clark Pediatric Dentistry will file any patient's primary insurance. To file your insurance, we require the **social security number** of the policy holder and responsible party (these may not always be the same person). Allowing Clark Pediatric Dentistry to handle your insurance will free you from the time consuming, and sometimes complicated, insurance claims process. During the claim filing process, we work with **insurance estimates**; therefore, at claim resolution there may be account "settling." **If you are uncomfortable with the account "settling" process, we will request you to file your own insurance.**
- **PAYMENTS:** If we file your insurance, **Clark Pediatric Dentistry will extend you credit for your estimated insurance benefits and require that you pay the remaining balance on the date of service.** By extending you credit for the estimated insurance and waiting for insurance reimbursement, Clark Pediatric Dentistry allows you to keep more money in your pocket for routine expenses. We accept Master Card, Visa, Checks, and Cash.

## PATIENT APPOINTMENTS

- **EXCELLENT PATIENT CARE:** Clark Pediatric Dentistry will make every attempt to reserve the sufficient time necessary to deliver the highest quality dental care possible to your child. Please arrive on time to your appointments, so that your child will be able to take full advantage of your reserved time. **If you arrive over 15 minutes late for your appointment, we may reschedule the appointment to allow sufficient time for excellent patient care.** Consistent or excessive lateness may result in dismissal from the practice.
- **"DIS-APPOINTMENTS":** Clark Pediatric Dentistry will be "disappointed" if you are unable to keep a scheduled appointment. Please notify our office and reschedule as soon as possible. **If you fail to notify our office within 24 hours of the scheduled appointment, a twenty-five dollar fee will be charged.** Consistent or excessive "dis-appointments" may result in dismissal from the practice.

## PARENTAL EXPECTATIONS DURING DENTAL CARE

- **PARENTAL ATTENDANCE:** Clark Pediatric Dentistry believes communication is imperative to ensure excellent patient care. **For this reason, a parent, or legal guardian, must attend all dental appointments, and remain at Clark Pediatric Dentistry during that appointment.**
- **PARENTAL INVOLVEMENT:** It has been our experience that children cooperate better without a parent present in the clinical area. **We encourage children, especially ages three and over, to be seen without a parent.** If you would like to accompany your child in the clinical area for their appointment, please inform our staff prior to their appointment so that we can make arrangements to accommodate your request. **If accompanying your child, we request that only one adult be present in the treatment area, and that no unattended children wait in the waiting room.**
- **PRIVACY:** Excellent patient care requires privacy. Children tend to prefer open spaces; this can make privacy a challenge. During the course of your office visit please be mindful of other's privacy.

My signature below means that I have read and understand the above policies, I have read the "HIPPA Notices of Privacy Practices" provided to me, and that I consent to dental treatment as prescribed by Jason D. Clark DDS of Clark Pediatric Dentistry. I am signing below as the responsible party.

Patient Name: \_\_\_\_\_ Responsible Party Name: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_