

Office Policies for New Patients

Welcome to our office!

Smile Castle Pediatric Dentistry reserves a specific time for your child according to his or her treatment needs and cooperation level. We make every effort to see your child at his/her appointed time. Inadvertent delays, such as emergencies and unforeseen patient treatment problems may arise, causing schedule changes. If your child's appointment time is delayed, please accept our apology. Your patience is very much appreciated under these circumstances.

Please arrive 5 to 10 minutes prior to your child's scheduled appointment. This will allow time to complete any necessary paperwork. **If you arrive 15 minutes beyond your appointment time, you may be asked to reschedule for the next available appointment time. If frequent late arrivals occur, it will be considered a missed appointment and 3 or more missed appointment will result in dismissal from our office.**

If you need to reschedule an appointment, we ask that you provide our office with 2 business days' notice so that we may offer the appointment time to another patient. **A missed appointment without prior cancellation notice will be charged for a broken appointment fee of \$25. Three or more missed appointments will result in dismissal from the practice.**

A legal parent/guardian MUST bring the patient to their first appointment. For future subsequent appointments, if a legal parent/guardian is unavailable to attend, please bring a signed parent delegation form designating who will be accompanying the patient.

We are unable to see families who do not wish to vaccinate their children. At any given time, we have a vulnerable patient population who are immune compromised with cancer, newborns, very young children with immature immune system and pregnant families or staff. These individuals rely on the immunity of those around them to avoid serious disease. We ask all new and existing patients upon returning to provide us the **copy of their most recent immunization record.**

Our office is committed to helping you maximize your dental insurance benefits. Because policies vary greatly, we can only estimate your coverage in good faith but cannot guarantee coverage due to the complexities of insurance contracts. Our office will try to gather an accurate estimate of any copays with given information. If you have any questions about your specific carrier's plan or benefits, please direct questions to your dental insurance company.

Your estimated patient portion must be paid at the time of service. We will accept cash, personal checks, and most major debit or credit cards. As assistance to our patients, we will bill insurance companies for services and allow them 60 days to render payment. Payment-in-full discounts are available. After 90 days, you are responsible for the entire balance, paid-in-full.

If at any time you have questions concerning our office policies, please ask our office staff for assistance. We appreciate you trusting us with your child's dental health.

Name of Parent or Guardian

Signature of Parent or Guardian

Date

Relationship to Patient