

# **First Visit Information**

As pediatric dentists, we cater to the unique needs of our patients. If your child has developmental needs or behavioral issues that may affect his/her ability to accept dental treatment in a clinical setting, please inform us when making appointments. If we are aware of a child's particular needs, we will make every effort to accommodate them. Please remember that our goal is to become your child's "dental home" and will provide him/her with comprehensive dental health care. Understanding your child's unique needs allows us to better serve them.

Regulations prevent us from prescribing medications to anyone who is not a current patient of the practice. Therefore, if your child has a medical condition and is required to take medication before undergoing any dental procedure, including cleanings, any medication must be prescribed by your child's current physician prior to the first visit. After the initial visit, required medication can be prescribed by doctors working in Simply Pediatric Dentistry.

## **Appointments**

We attempt to schedule appointments at your convenience and when time is available. Preschool children should be seen in the morning because they tend to be more cooperative, and we can work more slowly with the child for their comfort. School children requiring extensive work should be seen in the morning for the same reason. Missing school can be kept to a minimum when regular dental care is continued.

Since appointed times are reserved exclusively for each patient, we ask that you please notify our office 24 hours in advance of your scheduled appointment time if you are unable to keep your appointment. Another patient who needs our care could be scheduled if we have sufficient time to notify them. We realize emergencies occur, but we ask for your assistance in this regard. If you do not call to cancel and fail to show as scheduled, you may be charged a broken appointment fee of \$50.00. If your child misses three (3) consecutive appointments, we may request that you seek dental care at another office that can better accommodate your schedule.

### **Records/X-Rays**

If for any reason you decide to leave our practice, we understand you have the right to request copies of your dental records/x-rays. We can provide you with your case notes free of charge. We are licensed by the New Hampshire Board of Radiology to take X-rays, and are required by law to retain originals on file.

### **Insurance Claims**

We file dental insurance as a courtesy to our patients. We do not have a contract with your insurance company, only you do. Therefore, we are not responsible for how your insurance company handles its claims or for what benefits they pay on a claim. We will assist you in estimating your portion of the cost of treatment, but we cannot guarantee what your insurance will or will not do with each claim. Although we make every attempt to file claims accurately and to resolve errors if they occur, we cannot be

responsible for any errors in filing your claims. Please keep us informed of any insurance changes such as policy name, insurance company or change of employment status.

# **Financial**

If we have received all of your insurance information on the day of the appointment, we will be happy to submit your claim for you. You should be familiar with your insurance benefits, as we will collect from you the estimated amount insurance is not expected to pay. By law, your insurance company is required to pay each claim within 30 days of receipt. We file claims in a manner such that your insurance company will receive claims within days of the treatment. You are responsible for any balance on your account after 30 days, whether insurance has paid or not. If you have not paid your balance within 60 days, a finance charge may be added to your account each month until paid. If you have not made payment arrangements with our office within 90 days of services being provided, your account may be frozen and referred for collection. Once referred to collection, further services will not be provided until the outstanding balance is paid. In the event payment cannot be made in full within the above referenced time frames, please call the office to discuss alternative payment plans. We will make every attempt to accommodate your situation.

## **Co-Payment**

Payment is expected at the time services are provided unless other arrangements have been made with our office in advance. In the event reimbursement is expected from a third party, it is the responsibility of the person(s) making the appointment and bringing the patient to the office to pay for services rendered and seek reimbursement from third parties. *Simply Pediatric Dentistry and Orthodontics will not be responsible for seeking payment from third parties.* 

Sincerely,

The Simply Pediatric Dentistry & Orthodontics Team