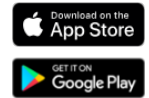


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For PC and Mac



For phone and tablet



# Office Policies

## Missed Appointments:

**Appointments must be canceled or rescheduled 48 hours prior to an appointment or the appointment will be counted as a missed appointment. A \$50 free chair fee applies to any appointment that is canceled or rescheduled less than 48 hours prior to the appointment date and time.**

If your child or family has 3 missed appointments, your child and family will be dismissed from our office. If you arrive over 10 minutes late to your child's appointment, you may be asked to reschedule as the delay affects not only the dental team but other patients scheduled after you.

COVID19 UPDATE: **Because we are using a curbside check in to comply with social distancing and increase safety for our patients during the COVID 19 pandemic, the screening form, health update form, a copy of your child's insurance card, radiograph consent, signed treatment plan (if your child is receiving restorative or surgical treatment) and a copy of your driver's license need to be sent to our office through email at [info@growingsmilesofnova.com](mailto:info@growingsmilesofnova.com). If someone other than the patient's legal guardian is accompanying the child to the office, an attendee form needs to be filled out for each visit. Your child cannot be seen if these documents have not been received. There is going to be a \$10 PPE fee during the pandemic.**

## Administrative Fees:

**There is an administrative fee of \$10 per form (any health form) that needs to be filled out by our doctors outside of an exam/cleaning appointment. We require 5 days to complete forms. To avoid the fee, please send the form with the documents mentioned above through email at the time of your exam/cleaning appointment.**

## Financial Responsibility:

1. All payments and co-payments are due at the time of service.
2. There is a fee for all returned checks. The fee is currently \$30.00 but is subject to change without notice dependent upon the charges incurred by the bank.

## Payment Options:

1. Cash and checks
2. Credit Cards – Visa, MasterCard, Discover and American Express.
3. PayPal Business (Buy Now button can be found under "Contact Us" on our web page). This is the preferred method and contactless.
4. Care Credit

## Dental Insurances:

We participate with multiple PPO plans and Medicaid. However, we require your full deductible and/or co-payments to be made at the time of service. Please keep in mind that we can only **ESTIMATE your portion**. If your child has treatment needs, you will be provided with a treatment plan with the information provided to us by your dental insurance. We strongly advise you to call your dental insurance company and give them the codes written on your treatment plan for a more precise explanation of your coverage. The balance of your account is your responsibility. We will not start a dispute with your insurance company over your claim. Please note that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and customary under your insurance plan. It is your responsibility to know your insurance benefits and disclose them to us.

Currently, our office only participates with PPO plans and Medicaid, we do not except any HMO plans. You may be entitled to reimbursement from the insurance for the services rendered.

**If your insurance does not pay within 45 days, you will be held responsible for the full payment.**

## Hospital Cases:

Parents of children requiring dental treatment in a hospital setting will be required to pay a non-refundable hospital fee of \$250.00 at the time the appointment is scheduled. We require payment in full one week prior to your scheduled treatment date for treatment that will be provided in the operating room. If your appointment is cancelled, you will be refunded the payment you made for treatment excluding the \$250.00 hospital fee. For hospital cases, worst case scenario is treatment planned and if fewer procedures are performed, you will be refunded the difference. Patient refunds are run every 2 months.

### Nitrous Oxide (Happy Air):

This service is used to reduce anxiety and gag reflex. It also has an analgesic effect and makes the patient more at ease. Nitrous Oxide it is not used in place of local anesthetic. This is often a non-covered service by insurance companies but highly recommended by our doctors when performing restorative and surgical procedures on some children.

### Parent Guidelines:

You may choose whether to remain in the treatment room during your child's restorative appointment. However, some children do better without parents present if the parent is anxious. We are open to having you stay with your child. If you choose to be present, we recommend the following guidelines to improve the probability of a positive outcome:

1. Allow us to prepare your child.
2. Be supportive of the practice's terminology.
3. Please **be a silent observer**.
  - A This allows us to maintain communication with your child.
  - B Children will normally listen to their parents instead of us and may not hear our guidance.
  - C You might give incorrect or misleading information.

These are important ways that you can actively help increase the success of your child's visit.

Please be advised that when the procedure is not tolerated by a child and for that reason, we cannot complete the treatment, there still will be a charge for nitrous oxide, office visit and/or when necessary a behavior management fee.

### Minor Patients:

A parent or legal guardian must accompany a minor patient during all visits. If a parent or legal guardian cannot accompany a minor, a written consent signed by the parent or legal guardian must be presented to our staff the day of the appointment and payment should be arranged in advance (you can find the attendee form on our website). If this is not done, our office will not be able to provide services that day. An attendee form must be presented at each visit.

### Divorce Decree:

Regardless of your divorce agreement, the accompanying adult is responsible for payment. Financial arrangements between parents or guardians must be made in advance. It is your responsibility to make the other legal guardian aware of the treatment plan. **We will not bill to a third party** and we will not be responsible for obtaining consent from a second parent if consent was received by one parent with legal authority to do so. You are responsible for giving us the legal documentation if only one parent is able to legally give consent.

### End of Doctor-Patient Relationship:

We understand we are not a fit for every family even though we would love to be. If we are not able to help with your child's needs in a way you prefer, we will give you a couple of referrals that might be able to help. After discussing it with you or having attempted to discuss it with you, you will receive a letter stating the end of our doctor-patient relationship. If your child misses 3 appointments in 12 months, you will receive a letter stating the end of our doctor-patient relationship. Our team will always treat you and your family with respect. However, if the respect is not mutual, you will receive a letter stating the end of our doctor-patient relationship. You have the right to end our doctor-patient relationship at any time.

### Mission Statement:

Our pledge is to provide exceptional care and to treat every child like we would treat our own. We will do our best to present you with all the options that we are aware exist to treat your child's conditions. We want you to feel comfortable with the recommended treatment and encourage you to communicate with us to make an informed decision.

We are open to feed back because we believe it is the best way to improve. If you have any suggestions, complaints or complements, please send them to [info@growingsmilesofnova.com](mailto:info@growingsmilesofnova.com). We care about our relationship with your family. Our office policy is subject to change without notice. Phone calls are recorded for quality care purposes. Thank you for understanding our office guidelines and financial policy and for choosing us as your child's dental home.

The Growing Smiles Team

Date: \_\_\_\_\_ Child's name: \_\_\_\_\_

### Signature of Patient or Guardian:

Click  icon on the toolbar to add the digital signature. \_\_\_\_\_