



# Welcome to Our Practice!

## Office Policies

We appreciate you allowing us to provide dental care for your child. Because we value our relationship with you and believe that the best relationships are based on understanding, we offer these clarifications of our office policies.

**Parent Information:** Parents are welcome to accompany their child into the treatment area during the initial examination and all appointments except for conscious sedation. This gives you the opportunity to see our staff in action and allows the treating dentist to discuss dental findings and treatment needs directly with you. We do ask that if you accompany your child, you assume the role of a silent observer. Your presence is greatly enhanced if you play a passive role. If more than one person is speaking to your child, they may become confused. Cooperation and trust must be established directly between the treating dentist and your child. We ask that you please bring **ONLY** the child being treated the day of their appointment. We understand that is not always an option so we ask that siblings remain in the reception room or the play areas. Only the patient and parent will be allowed in the treatment area. There may be times when the child's experience is enhanced by a parent's absence. We encourage older children to come back to the treatment area by themselves as this builds independence and trust. Older children, such as 6 years old or older, typically do better without a parent being present during a restorative (filling) appointment. Also, older children who are apprehensive may look for an "escape" by going to their parents. In this case, we may ask that a parent wait in the reception room during treatment in order to facilitate a more direct line of communication between the child and treating dentist. We require a legal guardian be present for child's 1st visit. All treatment plans and behavior management forms must be signed by a legal guardian.

**Appointment Policy:** As a reminder, we will contact you prior to your child's scheduled appointments. Please make sure we have a correct address and two reachable telephone numbers. If your child is under the age of 6 years old and having work done, we ask that you schedule a morning appointment. During the school months, late afternoon appointments are in high demand. We try to honor after school requests and ask that you help us by understanding when we need to appoint during school hours. We will gladly provide you with a school excuse for your child. We pride ourselves in providing extra time for the personal attention each patient deserves. We respect your time and make every effort to keep you from waiting. Your child's dental health depends on you keeping your scheduled appointments. **We require at least a 24 hour notice if you need to reschedule or cancel your appointment. If this notice is not given, patient(s) will be charged a fee of \$55.00 and DISMISSED after the third failed appointment.**

**Late Arrivals:** We strive to provide our patients with the best care possible. Late arrivals cause schedule delays for those patients who did arrive promptly at their appointment time; therefore, late arrivals will be worked into the schedule **IF** time allows or re-appointed to another day.

**\*\*IF YOU ARE 10 MINUTES LATE OR MORE YOUR APPOINTMENT WILL BE RESCHEDULED!  
PLEASE INITIAL HERE STATING YOU UNDERSTAND OUR LATE POLICY\*\*** \_\_\_\_\_

**Infection Control:** We utilize the most effective control measures and fully comply with the new OSHA standards for sterilization. We maximize the use of disposables and autoclave all of our hand instruments. Any questions you have are welcomed!! I have read and understand the Office Policies and agree to abide by its contents:

Parent/Guardian Signature

Date

CONTINUE



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## Financial Policies

Thank you for choosing our office for your child's dental treatment. We are committed to their successful treatment! Please understand that payment of your bill is considered a part of your child's treatment.

- Please be aware that the parent bringing the child to Dr. Hubbard's office is legally responsible for payment of all charges. We cannot send statements to other persons.
- **Co-Payments and Deductibles** are to be paid at each appointment as services are rendered. For the convenience of our patients we accept cash, personal checks, American Express, MasterCard, Visa, Discover & Care Credit  
\*\* Our office does not accept post-dated checks. \*\* There will be a **\$55.00** fee for any returned checks.
- **Dental Insurance** – We strongly urge you to thoroughly review your insurance plan guidelines/booklet prior to your appointment. There is NO direct relationship between our office and your insurance company. The type of plan chosen by you, and/or your employer determines your insurance benefits. As such, we have no say in the selection of your insurance company, no control over the terms in the contract, the methods of reimbursement or the determination of your insurance benefits. As a courtesy to our patients, we will electronically file your dental insurance claims and bill your dental insurance company for treatment you receive. **However, in the event the insurance company does not pay the estimated portion of the bill for any reason, the balance will become the patient's responsibility and will be billed directly to you. Balances unpaid by your insurance company will be billed to you.**
- **Medicaid** – Please bring your child's Medicaid card to the appointment.
- **Fillings**– our dental material of choice is a white (composite resin) filling. Please be aware that your insurance company may not pay for a resin filling at the same level as a silver (amalgam) filling. In some cases, the dentist may recommend placing a silver crown instead of a resin filling.
- **Nitrous Oxide (Laughing Gas)** – nitrous oxide is typically not covered by dental insurance. We thank you for your payment on the date of the service.
- **Appliances** – Half of the cost of the appliance must be paid on the day your child's impressions are taken. The other half of the cost is paid when we seat/cement the appliance. This is necessary because our office must pay the laboratory fees when appliances are ordered.
- **Emergency Treatment** – all emergency treatment must be paid in full at the time the service is rendered.

We recognize that under unusual circumstances an account balance may be incurred. Dr. Hubbard's office requires that all outstanding balances be paid in full within thirty (30) days unless other arrangements have been made. Also note, if we have not received payment or you have not contacted us in thirty (30) days, further action may be taken with a collection agency or with Small Claims Court. You will be responsible for any fees incurred including court costs and attorney fees. We reserve the right to apply an interest rate of eighteen (18%) percent from the date of

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Parent/Guardian Signature

Date

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Patient(s) Name