

APPOINTMENT AGREEMENT

At Children's Dentistry, our sincere goal is to provide your children with the best and most gentle oral health care possible, using the best materials and equipment in our unique clinic setting.

In order for us to achieve this goal, *we promise to give 100% of our efforts.* And for us to give 100% effort, we ask you to give 100% effort as well.

PLEASE BE ON TIME FOR YOUR APPOINTMENTS.

Your appointment time is reserved specifically for your child. Arrivals of 10 minutes or more past your reserved time will be rescheduled and the cancellation fee assessed per scheduled appointment.

WE REQUIRE 48 HOURS NOTICE WHEN CANCELING or RESCHEDULING AN APPOINTMENT.

If 48 hours notice is not given or you fail to show up for your appointment, you will be charged a \$50.00 cancellation fee per child.

If more than ONE appointment is missed without proper 48 hour notice, we will no longer be able to see your family in our practice.

INSURANCE INFORMATION

If your child has other dental insurance as well as Medicaid please let us know as soon as possible, as we cannot bill Medicaid unless the other insurance is billed first. If you do not have Medicaid at the time of a visit, we do not retroactively bill Medicaid. Please provide us a copy of your Medicaid ID card at the time services are rendered.

FEES FOR MEDICAID PATIENTS

Idaho Smiles (Medicaid) has specific frequency limitations for services. If your child has been seen elsewhere in the previous six month period, an exam, cleaning, fluoride and/or x-rays done by our office will NOT be covered. You must notify our office if services have been rendered by another provider.

Fillings done by another office within the prior 24 month period are not covered.

The use of nitrous oxide (laughing gas) is not a covered benefit for children 7 years of age or older.

You will be responsible for these fees not allowed by Idaho Smiles at the time services are rendered.

My signature indicates that I have read this and agree to its contents.

Parent or legal guardian

Date

Child(ren)'s name(s)

Office Staff initials