

My Kids' Dentists Health Update and Contact Information

My Kids' Dentists requires two contact numbers and an email to ensure our office staff is able to confirm you child's appointment. Please note that it is **YOUR** responsibility to provide our office with working contact information and to alert us of any changes immediately.

If My Kids' Dentists is unable to reach you to confirm or give notice of expected out of pocket expenses, we reserve the right to refuse treatment on the scheduled day. Per our policy concerning broken and/or missed appointments without 48 business hours notice a \$50, per child, fee may be assessed.

Child's Name or Nickname _____

Cell or Home Phone (Circle) _____ Work or Other _____

Address _____

Email mom _____ Email dad _____

Please inform us of any changes in the following information:

CIRCLE:

1. Have there been any changes in your child's health since your last visit to our office? **YES NO**

2. Has your child been hospitalized since your last visit? If so, for what reason? **YES NO**

3. Is your child presently taking any medications? If so, please list below: **YES NO**

Signature of Parent or Guardian _____

Relationship to Patient _____ Date _____

Witness (Staff only) _____ Date _____

My Kids' Dentists Financial Policies

Thank you for choosing our practice for your child's dental care. We are committed to their successful treatment. Please understand that payment of your bill is considered a part of your child's treatment. We ask that you review and understand the following details of My Kids' Dentists financial policy and your responsibilities.

- Please be aware that the parent/legal guardian or relative bringing the child to My Kids' Dentists is legally responsible for payment of charges. Statements cannot be sent to other persons. Pre-payment of the appointment is acceptable if the person bringing the child is not the responsible party.
- Payment is expected in full on the day of your child's appointment. For your convenience we accept cash, VISA, MasterCard, American Express, and Discover. We also offer financing through Care Credit.

My Kids' Dentists accepts all PPO Insurances and will file claims on your behalf. Please be aware there is no direct relationship between our practice and your insurance company. The plan chosen by you, and/or your employer determines your dental benefits. As such, we have no control over the terms of your contract, the methods of reimbursement, or the determination of your insurance benefits. We accept assignment of benefits from your insurance company; however, you are responsible for any amount that is not paid by your insurance company.

- We will file your claim electronically as a courtesy, but if your insurance company does not pay us directly, you are responsible for the entire balance and the insurance company will send payments directly to you.

A Courtesy for You

Although some offices refuse to file insurance claims electronically for their patients because of the high cost of doing so, it is our pleasure to extend this courtesy to you. When we file insurance claims, please be aware that this requires a significant amount of time and expense on the part of our staff. Be aware that it takes one full business day to verify your benefits. Additionally, it is imperative that we are informed of any insurance policy or employment changes at a minimum of forty-eight (48) business hours prior to the appointment.

- Please note, any out of pocket expenses paid at the time of service are just an estimate. We work diligently prior to your visit to create the best estimate based on the history of past insurance payments. However, there may be an account balance or a credit due to you following your appointment. Refund checks are issued on a monthly basis.
- Our office will happily share any estimated out of pocket expenses with you when confirming your appointment. This information cannot be left on a voicemail due to privacy policies. It is your responsibility to contact our office to confirm your appointment if you wish to receive any financial information.
- My Kids' Dentists requires that all outstanding balances be paid in full within thirty (30) days. If we have not received payment or you have not contacted us for possible payment arrangements, further action may be taken with a collection agency or small claims court.
- In the event that your account becomes more than thirty (30) days past due a monthly finance charge of \$5.00 will be assessed to your account, as well as a \$60.00 fee if a collection agency becomes necessary.

My Kids' Dentists 205 Hawkins Store Rd NW, Suite 100, Kennesaw, GA 30144 770-926-3400

My Kids' Dentists Financial Policies

Broken and Missed Appointments

- We kindly request that when our staff reaches out to remind you of your child's appointment through a call, message, text, or email, if you are unable to be reached, that you contact our office as soon as possible to confirm this appointment. Our office reserves the right to remove your child from the schedule should we not be able to confirm your reserved appointment time.
- If your appointment is broken or missed without a forty-eight (48) business hour notice, My Kids' Dentists may assess a \$50.00 broken appointment fee per child if you have multiple children with appointments.
- Our office offers a fifteen (15) minute grace period for all appointments. If you arrive after that grace period our office will attempt to accommodate your child's appointment. In the event we are unable to work your child back into our schedule, we reserve the right to assess a \$50.00 broken appointment fee.
- All broken appointment fees must be paid prior to scheduling a new appointment.

Acknowledgement

I acknowledge that I have read and understand the above information. I acknowledge that I am financially responsible for all costs of treatment, including any balance unpaid by insurance within thirty (30) days. I acknowledge that I have read and understand all policies relating to insurance benefits, broken appointments as well as unpaid balances.

Printed Name of Parent/Guardian

Relationship to Patient

Signature of Parent/Guardian

Date Signed

Witness (Staff)

Date Signed