

# TEXAS PEDIATRIC DENTISTRY

## OFFICE POLICIES

### OFFICE HOURS

Monday - Thursday 8:00-5:00, Lunch 12:00 – 1:00

Friday 8:00 – 4:00, Lunch from 12:00- 1:00 Saturday 2x per month 8:00-4:00 (Cleanings only)

### PAYMENT

Payment is required at the time services are rendered. We accept cash, check, all major credit cards, Care Credit, and debit cards as forms of payment. There will be a \$35 fee for returned checks.

As a **courtesy**, we will file your primary insurance for you. We **do not** file secondary insurance. You will be responsible for the remaining balance not covered by your insurance company, including all fees considered above your insurance company's usual and customary fee schedule.

### TREATMENT PLANS

Should your child require dental treatment, these needs will be discussed with you by one of our staff members. In most cases, an additional appointment(s) will be needed to complete the treatment. The payment amount provided to you on your child's treatment plan is an **estimate only**, and you will be asked to pay the difference between what your insurance company actually paid and the fees incurred at the time of service.

### APPOINTMENTS

**Exams** – At all initial and recall exam appointments the following services will be completed for your child: exam, prophylaxis (cleaning), radiographs as deemed appropriate by the doctor for the exam, fluoride treatment, and preventive sealants.

**Operative Appointments** – We will make every attempt to treat your child in a manner that is safe for not only your child but also office staff. If we attempt to perform operative treatment on your child and he/she is unable to be treated due to significant uncooperative behavior that cannot be safely managed, a fee will be incurred at the time of the appointment. This fee covers office time, materials, and sterilization.

We request that, should you have to cancel or reschedule your child's appointment, you provide us at least 24 hours notice. If 2 broken/missed appointments occur or 2 cancellations without at least 24 hours notice, we reserve the right NOT to schedule any subsequent appointments. We also reserve the right to charge a cancellation fee of \$25 per child.

We reserve the right to schedule certain types of appointments (fillings, extractions, cleanings, etc.) at specific times of the day.

### SPECIAL PROCEDURES

**GA Sedation** – At Texas Pediatric Dentistry, we have the ability to treat patients at Children's Medical Center at Legacy as well as the ability to treat patients in the office using our team of pediatric anesthesiologists.

Should your child require such treatment, these options will be discussed with you in detail. We require a \$350 deposit prior to the appointment being scheduled. This deposit will apply to your balance. Once the appointment is scheduled, if you choose to cancel or reschedule the appointment for any reason this deposit is non-refundable. The deposit is required to schedule the appointment for GA Sedation.

### PARENT PARTICIPATION

**Preventive Appointments** – For your comfort one parent or guardian is welcome but not required to accompany your child to the operatory. We do encourage self independence to help promote the growth and development of your child. For the safety and privacy of the other patients all others, including children that are not scheduled at this appointment, are asked to remain in the reception room. Young children in the reception room will need a supervisory adult.

**Operative Appointments** – Although it is not recommended, one parent or guardian is allowed in treatment areas during operative procedures if you feel your presence will benefit your child. For the safety of your child, the staff and the doctor, we ask that you assume the role of a silent observer during treatment.

**We ask that you refrain from cellular use while in the clinical areas. For the privacy of our staff and doctors, we do not allow videos or pictures to be taken while we are treating your child.**

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Parent Signature

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Date