



Welcome to Carolina Pediatric Dentistry. We are honored that you chose us to treat your child. As an office that strives to treat every child just like we would treat our own, we believe that open communication with parents and our focus on the nurturing care of your child is our key to success. Our goal is to help your child stay cavity free with a focus on prevention through routine dental visits and child/parent education. The following agreement is indicative of our respect of your right to know our policies. We welcome any questions you may have.

Appointments:

Our appointments are in high demand because we strive to provide a safe, calm, and fun dental experience for your child. Therefore, we take appointments very seriously as we schedule based on the time needed for each individual child's procedure. We know your time is precious, and we work very hard to respect it. Because we want your child's dental visit to be as good as possible, we ask that you be on time for your appointment. If you are late for your appointment, please know that we may have to reschedule as your tardiness could lead to another child having to wait. Please be as respectful of our time and other patient's time as we are of yours. A confirmation call is a courtesy that we provide (the time of the call depends on the type of appointment scheduled). If we cannot reach you by phone, we will leave a message (when the receiving number allows), and we will also send an email (if an email has been provided). We also offer text as a way of confirmation. It is your responsibility to check all avenues of contact. Please return the call, text, or email to confirm your appointment. We will check for voice messages left after hours during the next day's work hours. We allow each patient two cancellations/reschedules per year. If you choose to not show for your child's appointment, and do not call our office to cancel prior to your appointment time, whether or not we reschedule the appointment is up to the discretion of Dr. Green. We ask for your consideration of your child's oral health, our time, and other patients who may need sooner appointments.

Insurance:

We are committed to ensuring that your benefits are compliantly used to your benefit. However, please understand that your dental insurance policy is a contract between you and your insurance company. Carolina Pediatric Dentistry will file insurance on your behalf as a courtesy. Prior to your child's first appointment, we will call your insurance company to verify your benefits. We can only estimate the cost of your child's treatment based on what your insurance quotes us. Once a treatment plan has been decided, we will prepare a cost estimate for your review. If you have an "in-network"/PPO policy, then your insurance company will determine the fee for treatment at a discounted rate regardless of our fees. Otherwise, all fees are "reasonable and customary." By asking Carolina Pediatric Dentistry to file insurance on your behalf, you are agreeing to pay the full amount regardless of what insurance agrees to pay. Any insurance claim extending past 12 months of service is the responsibility of the parent to file. If there is a service that your insurance does not "cover," you will be held responsible for the balance of that service.

Cell Phone Consents:

When filling out this patient information sheet, you will give us the consent to use automated or predictive dialers to contact you on all numbers provided, including cell phones, concerning any unpaid or remaining balance on your account. This will also include any outside collection agency if your account is assigned to collections for delinquent or past due accounts.

Payment Policy:

Fees are due and payable when services are rendered. For your convenience, we accept cash, check, MasterCard, Visa, Discover, or financing dental care through CareCredit for extended treatment plans.

Billing, Late Payments, and Collections Policy:

Services determined by your insurance company as not being covered by your policy will be billed. We will send you a maximum of three statements over a 60-day period. If your account is not paid within 45 days of the treatment time, you will get a courtesy letter from our auditing department. Please make payment of your account a top priority at that time. If the bill is not paid within 60 days, a 30% increase will be added to the balance and the account will be sent to a credit affecting collections agency. All future appointments will be cancelled and cannot be rescheduled until the balance is paid in full. We cannot be responsible for changes of address without notice. We understand that unexpected dental bills can sometimes strain finances. If this happens, talk with us immediately by calling us at (864) 585-8558. If you keep the lines of communication open, we can usually work out acceptable payment arrangements. If necessary, we will work with you and your financial situation on an individual basis and will be happy to discuss our available payment options.

Additional Fees:

The account for the family of any appointment that is considered a “no-show” (patient does not show up for scheduled appointment) or an “untimely cancellation” (patient cancels or reschedules appointment with less than 24 hours’ notice) will be subject to a \$100 re-appointment fee.

Please understand that you will be explained and offered a copy of the post instructions that directly correlate to your child’s dental treatment. Understand that if you, or your child, do not follow the proper guidelines of treatment or post treatment instructions, it may result in failure of the restoration. In the case of any treatment needing to be “redone,” you may be charged the amount of the replacement fees if it is not covered by your insurance. Please, also understand that this payment will be made before any treatment is completed. In addition to this, a fee of \$50 will be applied to your account for any patient that arrives to a sedation appointment having consumed any form of food or beverage after their specified time frame. This fee must be paid before the next sedation appointment can be made. There is also a re-appointment fee of \$50 added to any account when an appointment is cancelled in less than 24 hours’ notice or if a patient does not show up for an appointment.

Parents/Guardians/Caregivers at your child’s appointment:

While we would certainly prefer that a parent or guardian attends the appointment, we understand that sometimes a grandparent or caregiver may be bringing your child for treatment. We will happily treat your child, but the legal parent or guardian, prior to the appointment, must sign all consent forms. If a caregiver is accompanying your child to his or her appointment, kindly call our office in advance so we can assure the proper consent forms are signed and payment arrangements are made. If payment is not arranged in advance with our office with the parent or guardian, the person accompanying the child to his or her appointment will be responsible for payment at the time of service. If consent is not given in advance, we will have to reschedule your child’s appointment. Our office allows two rescheduled appointments per year. Consent & Authorization: I authorize dental treatment and agree to pay all related professional fees. I understand that fees not covered by my dental insurance must be paid promptly upon notification from this office or my insurance company. I understand that Carolina Pediatric Dentistry reserves the right to terminate professional treatment when deemed necessary and that my compliance with the above policies is required in order to receive treatment. I have read and understand this document in its entirety, outlining office and financial policies. Without reservation, I agree to abide by the policies outlined herein.

Parent/Patient Signature: _____

Date: _____

Thank you for being here! We’ll treat your child with a mom’s touch!