Dentistry for Children Commitment to Patient Care

1.	We have created a warm and friendly environment for our patients. In order to help your child
	better focus on the dental team, create a sense of independence and allow the doctor and staff to
	develop a personal relationship with your child that makes them feel safe with their oral
	healthcare providers. We ask that after your initial visit that the child be allowed to go into the
	treatment area with our dental team by themselves. If there are special circumstances please
	make the doctor aware of this.

- 2. Parents/Guardians we recognize you have busy schedules and are trying to accomplish many things while waiting for your child's treatment to be completed. We offer WIFI for your convenience to help with some of these tasks. Your child's dental team asks that you not leave the building during treatment in case the doctor needs to speak to you regarding your child.
- 3. Our staff is happy to file your insurance for you, please help us by presenting your current Insurance card and photo identification at each visit. Payment of services not covered by your insurance and any co-pays and deductibles are due the day of services. If you are not able to supply us with current insurance information, payment for services is due that day.
- 4. We have reserved a specified amount of time for you and your child, therefore 24 hours notice of any changes to this reserved time is requested so we may help other patients with urgent dental needs. Please call during normal office hours to make these changes, our normal office hours are Monday- Thursday 8-5 and Friday 8-12.
- 5. We strive to deliver a high quality of care and work hard to meet our patients scheduling needs, therefore we ask all of our patients to arrive on time for their appointments. This allows the dental team adequate time to complete your child's dental treatment.

Thank you for choosing our office for your dental needs. We understand you have a choice and appreciate your decision to come to Dentistry for Children.

Parent/Guardian Signature	Date