WELCOME TO OUR OFFICE

We would like to take this opportunity to welcome you and your child to our office. We appreciate the confidence you've placed in us. We can assure you that your child will be treated with warmth and kindness by our dental team. All efforts of understanding and tender loving care will be given in order to make the dental office a pleasant place to visit.

SERVICES WE OFFER:

As a specialist in pediatric dentistry our office can provide most of the dental services your child may need up to the age of 18. In the event he or she should need orthodontic treatment or endodontic treatment on their permanent teeth, we will be happy to provide you with the name of a professional in our area who specializes in these services.

SCHEDULING APPOINTMENTS

Children have a very short attention span! Because of this, our appointments are scheduled at 30 minute intervals. Children 5 years old and younger are seen between the hours of 8:30 a.m. and 12:30 p.m. only (**NO EXCEPTIONS**). Children 6 years old and older can be seen anytime during 8:30 and 4:30 p.m. Since the appointment is only 30 minutes long, it is imperative that you arrive on time. If you are 10-15 minutes late you've already missed half the appointment and it may be necessary to reschedule. We are aware of school policies which make it more difficult to schedule an appointment however; Medical and Dental appointments are excused absences provided you take a doctor's statement back to your child's school. We would like to see all school-age patients after school but that is not possible. Therefore, after school appointments will be given on a first come first served basis.

INITIAL VISIT

On the first visit to our office you will be asked to complete an acquaintance form. This form will give us general information regarding your child's history, allergies, medical condition, and other necessary information. If you have dental insurance, you will be asked to provide all necessary information that will enable us to file a claim with your company as well as a copy of your insurance card. Upon arrival in our office, we will contact your insurance company to verify coverage. If we are unable to verify dental coverage you will be ask to pay all fees prior to leaving the office. We will file with your company and if payment is received, we will refund you. You will be allowed to go back with your child, however if at any point the doctor feels your presence in the room is interfering with the child's treatment, you will be asked to wait in the reception area.

INSURANCE AND OUSTANDING ACCOUNT BALANCES

We will be happy to file a claim with your insurance company at each visit. However, **you are ultimately responsible for the account, not your insurance**. We are not a "provider" for any of the companies so we do not accept "copayments" in our office. You will be responsible for paying the portion insurance does not pay. On the average, this will include your deductible, approximately \$50.00 per child per year, 20% of the fee for services, and \$32.00 for nitrous oxide (laughing gas), if it is used on your child. Most insurance companies do not cover nitrous oxide. If you have more than one insurance company we will file the primary insurance the day following the visit. Your secondary will be filed when payment from the primary has been received. Secondary insurance companies will not pay until we can provide proof of payment from the primary insurance company. We are unable to file third party insurance. If payment from your primary insurance carrier is not received in 30 days you will be expected to pay the balance on your account regardless of outstanding insurance status. Filing with your insurance company is a courtesy we are happy to provide however collecting unpaid claims from your company is not our responsibility

All fees in our office are the responsibility of the parent or guardian regardless of insurance coverage. Any account with an outstanding balance 90 days following the date of service will automatically be turned over to a professional agency for collection. The fee for collection services can range from \$15.00 to \$95.00 depending on the course of action necessary to collect the account. These fees are added to your account to offset legal expenses incurred.

BEHAVIOR MANAGEMENT

In a pediatric practice controlling the behavior of the child is of the utmost importance. We find most patients can be cohersed into being cooperative however there are occasions when other means of controlling unacceptable behavior is necessary. The more frequently used techniques for behavior management in this practice include:

- 1) Tell-Show-Do: The simple explanation, then demonstration, then performance of the procedure for a child. Praise is used to reinforce cooperative behavior.
 - 2) Positive Reinforcement: Rewarding the child for good behavior with compliments, praise, hugs and prizes

- 3) Voice Control: Gaining attention of a disruptive or uncooperative child by sudden change in the dentist's voice.
- 4) Mouth Prop: Device with soft supports for the mouth to prevent closing or assisting in holding the mouth open for long periods of time.
- 5) Rubber Dam: Rubber sheet fitted over the tooth to isolate the working space. This minimizes the amount of water and air that goes into the child's mouth.

BROKEN APPOINTMENTS

Missing scheduled appointments is not acceptable in our office. If you are unable to keep your appointment please contact our office 24 hours prior to the appointment time. If you do not call or come for an appointment this will be considered a "No Show" and a fee of \$25.00 will be charged to your account. After the third "No Show" appointment you will be required to pay a \$25.00 deposit before scheduling another appointment. You can mail this in or bring it by the office. When the reservation fee is received we can then schedule your next visit. If you miss an appointment after paying your reservation fee you will forfeit the \$25.00 deposit. If you come for the scheduled appointment after you've paid a reservation fee, the \$25.00 credit will be applied toward that days visit.

RETURNED CHECKS

Checks returned for insufficient funds must be picked up within 15 days from the time of the return. In addition to the amount of the returned check there will be a \$ 30.00 service charge. Checks returned to our office for any reason that are not resolved within 15 days from the first notification, will be turned over to local authorities for collection

TRANSFER OF RECORDS

If your child has recently seen another dentist, it would be helpful to receive any history, x-rays, etc. The records can be mailed to us or you may bring them when you come for your appointment. It is not imperative that we have the records, however repeating x-rays can be costly and may not be covered by insurance companies.

If you move out the area or transfer to another dental office, we will be happy to forward the necessary information to your new provider. In order to release records to a patient, orthodontist, or other dentist, your account must be paid in full and the proper mailing address for the new provider must be given to our office.

INFECTIOUS DISEASE CONTROL

When you visit our office, you will observe many measures practiced by the doctor and staff to ensure your child's protection from contact with bacteria and viruses. Special equipment such as ultrasonic cleaners and steam, chemical and dry heat sterilizers are routinely used. Your child's overall health and well-being will always be a top priority in our office.

ACCIDENTS AND EMERGENCIES

If a tooth is knocked out, do not wash it. If possible, reinsert the tooth in the socket. If this is impossible, keep the tooth moist and call our office. The first 30 minutes are critical to saving the tooth. In order to accommodate an injured child, our schedule may be delayed. Please accept our apologies ahead of time should such a delay occur during your child's appointment. Understand we will do exactly the same if your child is ever in need of emergency care. In case of after hour emergencies, you may call our regular phone number, 803-328-8865. The answering service will contact the doctor on call and he or she will determine whether or not the child needs to be seen. The doctor on call **may not be a pediatric dentist** however he or she will provide the best of care to your child.

THANK YOU

This information was prepared for you so that you might have a complete understanding of our office procedures and policies. We appreciate your selecting our office for your child's dental needs and we are happy to be of service to you. If you have concerns or need additional information please do not hesitate to ask or call.

I HAVE READ THE PRECEDING INFORMATION AND UNDERSTAND. I HEREBY
GIVE MY CONSENT AND AUTHORIZE DR. MICHELE BOYNE AND HER DENTAL
TEAM TO MAKE THE APPROPRIATE DECISIONS CONCERNING THE UTILIZATION OF THE DESCRIBED
PROCEDURES TO TREAT MY CHILD.

PARENT OR GUARDIAN SIGNATURE	DATE	