PetitSmiles
PEDIATRIC DENTISTRY

Office Policies for Parents

We would like to welcome you and your children Petit Smiles.

As you may or may not know, a Pediatric Dentist is a dentist who has undergone a rigorous and specialized two to three year training program beyond dental school that uniquely prepares him or her to care for your child's special dental needs. The pediatric patient generally requires a different treatment approach than an adult patient. Children are not "small adults", neither physiologically nor psychologically. It is our goal to provide your child with the highest quality of dental care consistent with the American Dental Association and the American Academy of Pediatric Dentistry's guidelines. Please give us your full cooperation by becoming a partner in your child's dental treatment and observing the office policies outlined below.

In the Treatment Area:
Parents or Guardians are encouraged to be in the treatment area during the initial exam so they may become acquainted with the dental office and its personnel, and have the opportunity to review treatment needs with the Specialist.

At subsequent appointments, the presence of the parent or guardian in the treatment area will be established depending on the patient's needs. Parents or guardians are routinely asked to escort/accompany special needs children and children 3 years of age or younger. We discourage other children being allowed in the treatment rooms while siblings are receiving their dental care. This is done to ensure your child receives the best care under optimal and safe conditions.

Our appointment policy is:

- As a courtesy, we attempt to call and remind you of your appointment.
- We require a minimum of 24 hours notice to reschedule an appointment.
- We allow for one no-show, with the second no-show a **$35 charge** will be applied to your account.
- Upon the third no-show we no longer will be able to schedule appointments for you.
- There is a **$150 charge** for a failed hospital appointment.
- If you fail a prime time appointment (Saturdays or after school), you will no longer be offered these times for future appointments.

Emergency Treatment:
If your child has an emergency such as trauma, uncontrolled bleeding, pain or swelling, please call the office at 800-895-1570. If this is an after-hours emergency, Dr. Ruiz's number will be provided on the message for you.

Signature: ..... Today's Date: .....
month/day/year

Patient's Name: ..... Date of Birth: .....
First Last month/day/year

1535 Sunset Drive, Coral Gables, Fl . 33143
tel: 800-895-1570 fax: 800-928-3811
www.petitsmiles.com

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Financial Policy

A printed copy of this financial policy will be given to each family upon request.

1. All patients are expected to make payment on the day of service, or have approved financial/payment arrangements made.

2. For patients covered by insurance, we will accept assignment of benefits. This means you must sign the portion of your insurance form that assigns payment to our office. Most policies do not cover 100% of the cost of your treatment. You will be asked to pay the deductible, if any, and your portion of the charges the day treatment is received. This portion is just an **estimate**. We will assist you in dealing with the insurance company, but ultimately the responsibility lies with you. If, after 60 days, the insurance company hasn't paid, the balance will be due, in full, by you.

3. Patients that currently have a balance with our practice will be asked not to incur any additional dental expense until the balance is paid in full or a payment arrangement has been made.

4. To avoid increased fees to all patients, if after 90 days from the original date of billing, any balance remains unpaid, we will assess both:

a) A monthly late fee equal to 0.5% of the total unpaid balances per month (6% per year).
b) A one-time administrative fee equal to 35% of the total unpaid balance.

These fees reflect the actual costs incurred by Petit Smiles Pediatric Dentistry to collect amounts owed under this agreement. All accounts that are turned over for collections are closed. In the event an account is subsequently paid in full, Petit Smiles Pediatric Dentistry at its sole discretion may allow dental care to resume.

5. In the event that Petit Smiles Pediatric Dentistry needs to submit your account to a collection agency or law firm for recovery, you are responsible for all attorneys' fees or other costs of collections necessary to collect any amounts due to Petit Smiles Pediatric Dentistry under this agreement.

6. At the end of each billing cycle, if your account has a credit balance of more than $50.00, our staff will contact you to determine if you would like a refund check or maintain a credit balance. If the credit balance is less than $50.00, it will remain as a credit.

7. There will be a $50.00 return fee for all returned checks. You agree that your check, as well as any associated fees allowed by Florida law, may be electronically represented. If your account has a returned check, we will no longer be able to accept checks as a form of payment on your account. Additionally, please be aware that any check returned as Account Closed may be referred to the proper authorities for criminal prosecution.

Signature: ..... Relationship to patient: .....

Date: .....

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