



Welcome! Thank you for choosing Colorado Children's Dental Center as your child's dental care provider! We invite you to join us in creating the very best dental experience for your child. Here are some important ways you can participate in our team effort:

- 1. Reserved Appointment Times:** Our doctors and staff have set aside specific time just for your child, and we need that full amount of time to provide your child with the very best care possible. If you are absolutely unable to keep a reserved time for your child, we kindly request a 24-hour notice to change the appointment; otherwise a \$50.00 charge will apply.
**Our office reserves the right to ask for pre-payment in full prior to scheduling patients with a history of missed appointments.*
- 2. Legal Guardian:** All patients must be accompanied by a legal guardian, unless other arrangements have been made with our staff in advance.
- 3. Family Information:** Please keep us up to date of any changes in your phone numbers, address, email address, and dental insurance.
- 4. Dental Insurance:** Your insurance benefit plan is a contract between your employer and the insurance carrier. We do our best to help you understand your dental insurance and maximize your benefits. We will always provide you with a pre-treatment estimate of what your insurance should reimburse our office. We will do our best to answer any specific questions you may have regarding your specific plan's benefits and limitations, but we might advise you to contact your dental insurance company for a more detailed explanation. In an effort to provide your child with the best care possible, our doctors and staff will diagnose based on the need of your child, and not solely based on your insurance.
- 5. Patient Finance:** As a courtesy to you, we are happy to handle the submission of claims to your insurance company and accept reimbursement directly from them. However, your estimated patient responsibility is due the day services are rendered. Any amount that is left unpaid by your insurance after 90 days is your responsibility. In the case of an account default, you are responsible for any additional collection charges that may be applied to your account, including, but not limited to finance charges (18%), outside collection service fees and reasonable attorney fees. A charge of \$25.00 will apply to checks that are returned for any reason.

I have read and understand the above statements and agree to Colorado Children's Dental Center's policies. By signing below, I authorize the performance of dental services, including procedures, medications or anesthetics for my child, as advised by my child's treating dentist.

Parent's Signature

Print Patient Name(s)

Date