

PERMISSION TO RELEASE INFORMATION

From time to time, Dr. Hammock and/or staff may need to reach a patient and/or a patient's parent/guardian directly concerning an appointment, test results, pathology reports or medical/dental information. It is at the patient's and his/her parent's/guardian's discretion when and with whom we share this information. This is due to HIPAA (Health Insurance Portability and Accountability Act of 1996). Your signature on our New Patient Information Form indicates the following:

1. To whom we may release information regarding the patient and that your consent extends indefinitely, or until changed by you in writing.
2. You understand the Health Insurance Portability and Accountability Act of 1996 and, at your request, a copy of this Act was given to you.
3. You authorize the release of the patient's medical/dental information to treating or referring physicians/dentists and to insurance companies or other pertinent parties to process payments.
4. You authorize the use of fax or email to submit medical/dental information to pertinent parties.
5. You agree that a copy of this form may be used in lieu of the original.

CANCELLATION POLICY

In our efforts to provide quality dental care to your child and our other patients, we believe that keeping appointments and arriving at those appointments in a timely fashion are essential. We would appreciate it if you would call us **at least 24 hours prior** to your child's appointment to either cancel or reschedule. We understand that children fall ill and emergencies arise but generally speaking, if missing or breaking appointments becomes a habit (i.e., occurs **twice**), unfortunately, we will no longer be able to treat your child. Additionally, not providing adequate notice of your inability to keep an appointment is expensive for this practice to endure. Regrettably, this is a cost that we would unfairly be forced to transfer to the rest of our patients via increased fees for service. As such, if you do not call our office to let us know that you are unable to keep your appointment and simply do not show up, we will have to enforce a "**failure to contact fee.**"

TREATMENT POLICY

We endeavor to provide the highest quality of dental care to all of our patients. We always keep the child's best interests in mind and will always treat each child to his/her specific dental and psychological needs.

A specific treatment plan, which addresses the patient's dental needs, has either been discussed verbally or has been given to you in writing. This is merely a "plan," which may have to be altered if your child's needs change during the time of treatment. Ideally, we will be able to discuss any and all changes to the treatment plan prior to the treatment appointment. However, if during the treatment appointment the needs of the patient change and if stopping treatment to leave and discuss needed changes with the legal guardian is not deemed, by the doctor, in the best interest of the patient, then the best treatment possible will be provided to the patient and discussion regarding the needed change to the treatment plan will be held after the appointment or at a specifically scheduled consultation time. It is important to know that dental caries (a.k.a. cavities) is a progressive disease and typically, the longer caries are left untreated, the greater the potential for having to alter the treatment plan.

OVER PLEASE

"SEPARATION" POLICY

Our office, as well as the American Academy of Pediatric Dentistry, recommends that your child visit the dentist by his/her 1st birthday. You can help make the first visit to the dentist enjoyable and positive. Your child should be informed of the visit and told that the dentist and their staff will explain all procedures and answer any questions. The less "to-do" concerning the visit, the better.

It is best if you refrain from using words around your child that might cause unnecessary fear, such as "needle," "shot," "pull," "drill" or "hurt." Bay Pediatric & Adolescent Dentistry makes a practice of using words that convey the same message but are pleasant and non-frightening to the child.

While we do not have a "policy" that simply restricts parents from accompanying their child during his/her appointment, we ask that you follow the dentist's recommendation of either accompanying your child back yourself or allowing your child to accompany our staff through the dental experience on their own. This recommendation will be determined by what the dentist believes to be most appropriate for the needs of your child and your child alone. We are all highly experienced in helping children overcome anxiety. Separation anxiety is not uncommon in children, so please try not to be concerned if your child exhibits some negative behavior. This is normal and will soon diminish. Studies and experience have shown that most children react more positively when permitted to experience the dental visit on their own and in an environment designed for children.

Our desire is to develop long-term relationships with both our patients and their parents. The foundations of those relationships are built on trust, communication and genuine caring. We believe that when a child sees that his/her parent entrusts them to the dentist, the child perceives that they too can trust the dentist. This is the first step in developing a positive relationship with the patient so that we can begin to communicate with your child and, in turn, begin to hear and truly listen to what we have to say.

FINANCIAL POLICY

Our financial policy is designed to: (i) provide the absolute highest quality of dental care to your child; (ii) allow us to spend more time treating the dental needs of your child; and (iii) keep treatment costs at a reasonable level.

Payment for professional services is due at the time dental treatment is provided. Every effort will be made to provide a treatment plan that fits your timetable and budget, and gives your child the best possible care. We accept cash, personal checks, debit cards and most major credit cards. If an account balance is incurred, it must be paid in full within 30 days. If we have not received payment within that timeframe, your account may be turned over to a collections agency, after which, your original balance and any applicable fees will be due.

As a courtesy to you, we will file your claim form with your dental insurance company. You will not need to fill out any additional paperwork. The majority of claims will be filed electronically at the time of your child's appointment. Claims will be mailed to those insurance companies that do not accept electronic claims and will also be mailed the day of your child's appointment. Usually, you will be reimbursed by your insurance company directly to your home within 7 to 14 days. Please keep us informed of *any* changes to your insurance policy.

Please understand that this office does not have a contract with your insurance company, only you do. Although we will file your insurance claim free of charge, we hold the patient's parent/guardian responsible for all charges. We will do all that we can to help you obtain information from your insurance carrier, including providing you with the appropriate insurance codes associated with your child's treatment plan, which may aid you in determining the reimbursable amount, as determined by your insurance carrier.

If you have any questions regarding our financial policy or need assistance with contacting your insurance company, please do not hesitate to ask a member of our front desk staff.

OVER PLEASE