

F O R T W O R T H
pediatric
D E N T I S T R Y

JANELL I. PLOCHECK, D.D.S.

Diplomate of the American Board of Pediatric Dentistry

Parent / Patient Guidelines

Thank you for choosing Fort Worth Pediatric Dentistry to help maintain your child's dental health. We will do our best to make your visits as pleasant and comfortable as possible. In order to maintain the highest standard of care for all our patients, we have provided the following guidelines that we trust you will understand and accept.

- 1. Food and Drink:** In compliance with OSHA standards for healthcare practices, no food or beverage is allowed in the office.
- 2. Cell Phone Use:** In consideration of others, cell phone conversation is prohibited in the office.
- 3. Late Arrivals:** We have reserved adequate time in our schedule for your child's appointment. Late arrivals will need to be rescheduled in order to maintain the high standards of care that our practice provides for our patients.
- 4. Missed Appointments:** We make every effort to appoint our patients as expeditiously as possible. Appointments cancelled less than 24 hours in advance or no shows are considered missed appointments which do not allow us to accommodate other patients in need. There will be a charge for repeated missed appointments or appointments cancelled without adequate notice.
- 5. Photos/Video:** Photos and/or video are prohibited in the treatment area. We will be happy to take a photo of your child with the Doctor or a staff member if desired.
- 6. Appointment times:** Children under the age of 6 are appointed in the morning. We have appointments available morning and afternoon for children age 6 and above.
- 7. Payment:** Our office accepts cash, checks, Visa, Mastercard, Discover, American Express and Care Credit. Payment for any estimated patient portion is due in full at the time of service.
- 8. Insurance:** As a courtesy, we will file your dental insurance. **You must provide all necessary information** including, employer name, insurance company name, claims address, group number, phone number and social security number. **You will be expected to pay any estimated portion due at the time of service.** Any amounts not paid by the insurance as well as any denied claims are the responsibility of the patient. If you prefer not to provide the necessary information, you will be expected to pay in full at the time of service and will be given the necessary receipts for you to file your insurance.

Note: BCBS Federal Plan and many Delta Dental plans do not allow payment to non-providers. As a courtesy, we will file claims for you, however, you will be required to pay at the time of service. Delta and BCBS send payment directly to you. We are out of network for all dental insurance plans.

Parent Signature: _____ Date: _____

Printed Name: _____

