

OKEMOS PEDIATRIC DENTISTRY, P.C.
517-381-5244

Here are a few guidelines we need you to follow to help us make your child's visit go smoothly while you are here. Please initial each guideline.

_____ We try to separate around age 3 depending on the child. We do this to build a rapport with your child. We want them to feel independent and have fun at our office. We want them to trust us and feel confident as well. If an emergency situation should arise it makes it easier for us to manage the situation and take the best care for your child. The children are here to have their teeth counted, cleaned, or to make them healthy again. We want to give all of our attention to your children so parents are not permitted in the treatment area.

_____ We schedule children age 5 and under in the morning. Patients 6 and up are scheduled in the afternoon. The younger children are better behaved in the morning before they are tired from playing. If behavior warrants, the doctor may choose to schedule an older child in the morning.

_____ Because we emphasize spending quality time with each and every child, we schedule accordingly. Therefore, we need as much advance notice as possible (24 hours advance notice required) to re-schedule an appointment. This allows us to offer that appointment time to another person who may be waiting for an opening. Also if you arrive late or fail to show for a scheduled appointment, we reserve the right to assess a fee of \$50 and/or refuse to reschedule.

_____ If 2 or more children are scheduled together for an appointment and fail to show without 24 hours notice, we reserve the right to schedule separate appointments for them in the future. If your child is sick with the flu, chickenpox, measles, has head lice, or any other communicable condition, please call us as soon as possible to reschedule the appointment. We don't want to take the chance of spreading their "germs" to anyone else in the office. If cancellation is less than 24 hours notice, please provide a doctor's note, otherwise we reserve the right to assess a fee of \$50.

_____ Please be on time for your appointment. We schedule your time for the work to be accomplished in that appointment allotted time.

_____ **Food and Drinks are not Permitted in Our Office Area.** Please help us keep our office neat and clean for everyone to enjoy.

_____ Our office payment policy is that payment in full is due at the time of service.

Please be advised that our office is not able to extend credit. If you have insurance, we ask that you supply us with your insurance information prior to the appointment so that we may determine eligibility and the payment portion which will be your obligation. We also ask that you be prepared for any balance due at that appointment, Except for the amount to be paid by the insurance company, you will be responsible for the balance at that appointment. Any unpaid balance will be subject to any collection fees or court costs incurred as the result of non-payment.

Please sign below to indicate that you agree and understand the above guidelines.

Name of Patient: _____

Signature of Parent or Guardian: _____

Date _____