



Consent Form/Financial Policy/Appointment Policy

I Acknowledge I have received and/or read Hyden Pediatric Dentistry's Notice of Privacy Practices.

Financial Policy: Co-payments are due at the time of services and I will be responsible for all payments not covered by my insurance. Hyden Pediatric Dentistry, PLLC will make an estimate as to what my insurance company will pay for each date of service. I will be expected to pay this portion on the date of service. This is only an estimate and a statement may follow if my insurance company pays less than what is expected. Prompt payments on all statements are expected or a financing fee may apply. I understand any legal and/or collection fees necessary to obtain the collection of dept will be my responsibility. If collection is not in a timely manner, Hyden Pediatric Dentistry will turn over my account to a collection agency. I further understand there is a \$50.00 charge for all returned checks.

I give Hyden Pediatric Dentistry permission to release necessary information to secure payment of insurance claims. **I understand that any changes in dental insurance coverage must be reported one day prior of each visit.** I further give Hyden Pediatric Dentistry, PLLC permission to bill my insurance company with payment being received at this office. All misrepresentation of insurance information will result in the responsible party being billed for services rendered.

Please note we need to have all accurate information to bill the insurance correctly. This includes Name, Address, Date of Birth, and Social Security of the policy holder. We will also need the name and telephone number to the insurance company you wish us to bill and the policy holders employer. This will enable us to bill the insurance company instead of you for the appointment. All this must be provided at least one day in advance for future appointments.

Appointment Policy: We require 48 hour notice to cancel appointments. If any patient misses appointments without 48 hour notice we reserve the right to dismiss that patient from our practice at any time. **Some appointments, such as surgery and sedations may not be re-scheduled without proper notification for cancellation.**

We do our best to respect your reserved appointment times and request that you arrive 5 minutes early for all scheduled appointments. Please understand that late patients put our office in an awkward situation. Although we understand that sometimes uncontrollable situations arise - if you anticipate being late to the appointment please contact our office to see if your child's appointment will still be available. **Please understand that our appointments are reserved for exact times and can't easily be rearranged when patients arrive late.**

Can I go back with my child? We welcome parents back on most appointments. We realize, children are often more comfortable if a parent is with them in a new environment. **For cleaning and new patient appointments-only one adult and one other child may accompany the child back.** If your child is scheduled for more than a cleaning or x-rays, only one adult may accompany the child back. This is due to the nature of the appointment and the size of the treatment rooms. **No other siblings are allowed back during extraction, filling, or crown appointments.** Please be aware of this and make other arrangements for siblings. If you can't accompany your child back for an appointment, please feel rest assured our child friendly staff will make every effort to make your child comfortable.

I also give permission for my child to be featured on Hyden Pediatric Dentistry's social media. If at anytime I do not want my child featured on social media I can simply call the office or let the staff know. A written record will go on file.

By signing this document, I am stating I am the patient's legal guardian and there are no court orders in effect that prohibit me from signing this consent. **I further give my consent for the staff of Hyden Pediatric Dentistry to perform all treatment they feel necessary or advisable for the below named child. This includes but is not limited to x-rays and administering anesthetics, nitrous oxide, which are deemed advisable by Dr. Hyden, whether or not I am present for the treatment rendered.** I understand all diagnostic aides (including images) are the property of Hyden Pediatric Dentistry, PLLC.

Child's Name (please print)

Date

Legal Guardian Name (please print)

Legal Guardian Signature