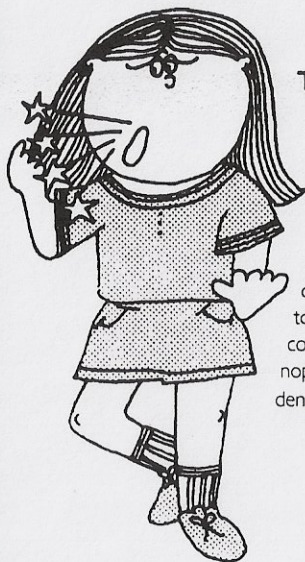
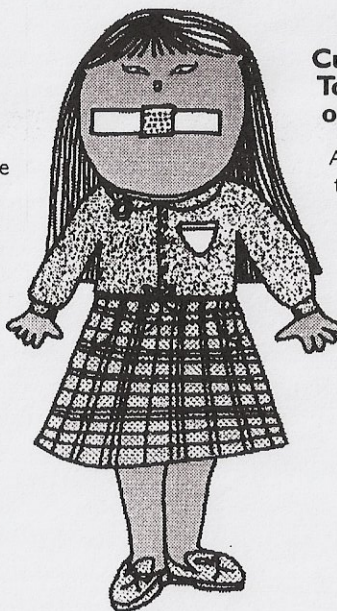


# First Aid for Dental Emergencies



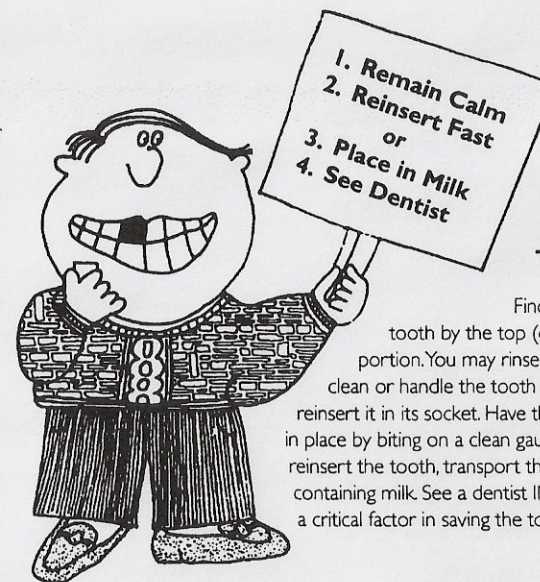
## Toothache

Clean the area around the sore tooth thoroughly. Rinse the mouth vigorously with warm salt water or use dental floss to dislodge trapped food or debris. **DO NOT** place aspirin on the gum or on the aching tooth. If face is swollen, apply a cold compress. Take acetaminophen for pain and see a dentist as soon as possible.



## Cut or Bitten Tongue, Lip or Cheek

Apply ice to bruised areas. If there is bleeding, apply firm but gentle pressure with a clean gauze or cloth. If bleeding does not stop after 15 minutes or it cannot be controlled by simple pressure, take the child to a hospital emergency room.



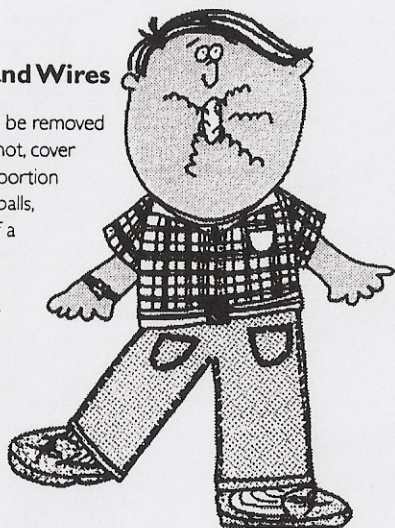
## Knocked-Out Permanent Tooth

Find the tooth. Handle the tooth by the top (crown), not the root portion. You may rinse the tooth, but **DO NOT** clean or handle the tooth unnecessarily. Try to reinsert it in its socket. Have the child hold the tooth in place by biting on a clean gauze or cloth. If you cannot reinsert the tooth, transport the tooth in a cup containing milk. See a dentist **IMMEDIATELY!** Time is a critical factor in saving the tooth.

## Other Emergency Conditions

### Broken Braces and Wires

If a broken appliance can be removed easily, take it out. If it cannot, cover the sharp or protruding portion with dental wax, cotton balls, gauze, or chewing gum. If a wire is stuck in the gums, cheek, or tongue, **DO NOT** remove it. Take the child to a dentist immediately. Loose or broken appliances which do not bother the child don't usually require emergency attention.

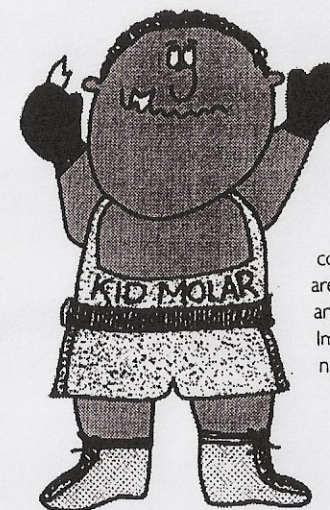


**Possible Broken Jaw:** If a fractured jaw is suspected, try to keep the jaws from moving by using a towel, tie or handkerchief, then take the child to the nearest hospital emergency room.

**Bleeding After Baby Tooth Falls Out:** Fold and pack a clean gauze or cloth over the bleeding area. Have the child bite on the gauze with pressure for 15 minutes. This may be repeated once; if bleeding persists, see a dentist.

**Cold/Canker Sores:** Many children occasionally suffer from "cold" or "canker" sores. Usually over-the-counter preparations give relief. Because some serious diseases may begin as sores, it is important to have a dental evaluation if these sores persist.

Cary Pediatric Dentistry  
Robert D. Elliott, DMD, MS  
Julie R. Molina, DDS, MS  
540 New Waverly Place, Suite 300  
Cary, NC 27518



## Broken Tooth

Rinse dirt from injured area with warm water. Place cold compresses over the face in the area of the injury. Locate and save any broken tooth fragments. Immediate dental attention is necessary.





## APPOINTMENT POLICY

The scheduled appointment is reserved specifically for your child. Any change in this appointment affects many patients. If a cancellation is unavoidable, please call the office **at least 24 hours** in advance so that we may give that time to another patient.

- ◆ *All restorative (fillings, extractions, etc.) procedures are scheduled in the morning. Children, as well as adults, are more prepared and do better in the morning for these types of procedures.*
- ◆ *We strive to see all patients on time for their scheduled appointment. There are times when our schedule is delayed in order to accommodate an injured child or an emergency. Please accept our apology in advance should this occur during your appointment. We will do the exact same if your child is in need of emergency treatment.*
- ◆ *Please plan to arrive 10 minutes or more before your scheduled appointment. **This will allow time for parking** and to complete any additional paperwork and see your child on time.*
- ◆ *If you arrive 10-15 minutes late for your appointment, you may be asked to reschedule for the next available appointment time.*
- ◆ *Again, please call at least 24 hours in advance if a cancellation is unavoidable so that we may give it to another patient.*
- ◆ *Broken or missed appointments affect many people. If two (2) broken/missed appointments occur or two (2) cancellations without 24-hour notice, our office reserves the right to NOT schedule any subsequent appointments and/or charge a \$40.00 broken appointment fee.*
- ◆ *A parent or legal guardian (with official documentation) must be present during all appointments that the child patient is in the office.*

If at any time you have questions, please feel free to ask our staff or call our office. We are here to help in any way we can. We appreciate you entrusting your child's dental health to us.

Thank you!



## Caregiver Information and Education

1. American Dental Association (<http://www.ada.org/>)
  - ADA Statement on Early Childhood Caries  
<http://www.ada.org/prof/resources/positions/statements/carries.asp>
2. American Academy of Pediatrics ([www.aap.org](http://www.aap.org))
  - AAP Warns Parents and Pediatricians that Fruit Juice is Not Always the Healthiest Choice  
<http://www.aap.org/advocacy/archives/mayjuice.htm>
3. American Dental Association (<http://www.ada.org/>)
  - Early Childhood tooth Decay (Baby Bottle Tooth Decay)  
[http://www.ada.org/public/topics/decay\\_childhood/faq.asp](http://www.ada.org/public/topics/decay_childhood/faq.asp)
4. American Academy of Family Physicians ([www.aafp.org](http://www.aafp.org))
  - Taking Care of your Child's Teeth  
<http://www.aafp.org/afp/20000101/20000101b/html>
5. American Academy of Pediatrics ([www.aap.org](http://www.aap.org))
  - Baby Bottle Tooth Decay  
[http://www.medem.com/medlb/article\\_detailb.cfm?article\\_ID=zzzkbw52r7c&sub\\_cat=11](http://www.medem.com/medlb/article_detailb.cfm?article_ID=zzzkbw52r7c&sub_cat=11)
6. National Maternal and Child Oral Health Resource Center (<http://www.mchoralhealth.org/default.html>)
  - Oral Health and Learning (PDF file)  
<http://www.mchoralhealth.org/PDFs/learningfactsheet.pdf>
7. National Institute of Dental and Craniofacial Research: Children's Oral Health (<http://www.nidcr.nih.gov/healthinformation/diseasesandconditions/childrensoralhealth/>)
  - A Healthy Mouth for Your Baby  
<http://www.nidcr.nih.gov/healthinformation/diseasesandconditions/childrensoralhealth/healthymouth/default.htm>
  - Snack Smart for Healthy Teeth  
<http://www.nidcr.nih.gov/NR/rdonlyres/5d55aaa2-8a9b-4a8e-b6d0-c398f52b28f3/3451/snacksmartforhealthyteeth1/pdf>
8. Pediatric Dental Health (<http://dentalresource.org/>)
  - Proper Brushing Diagram <http://dentalresource.org/properbrushing.doc>
  - Techniques For Protecting your Baby's Teeth  
<http://dentalresource.org/10simpleways.doc>



## CHILDREN, PEDIATRIC DENTISTRY AND YOU

Parents are welcome to accompany their child into the treatment area during the initial examination and all appointments. This gives you the opportunity to see our staff in action and allows Dr. Elliott or Dr. Molina to discuss dental findings and treatment needs directly with you. We do ask that if you accompany your child you assume the role of a silent observer. **Your presence is greatly enhanced if you play a passive role.** If more than one person is speaking to the child they may become confused. Cooperation and trust must be established directly between Dr. Elliott, Dr. Molina and your child and not through you. We also ask that siblings remain in the reception room or play area. There may be times when a child's experience is enhanced by a parent's absence. We encourage older children to come back to the treatment area by themselves as this builds autonomy and trust. Older children such as 5 years and older typically do better without a parent present during an operative (filling) appointment. Also, older children who are very apprehensive may look for an "escape" by going to their parents. In this case, we may ask that a parent wait in the reception room during treatment in order to facilitate a more direct line of communication between the child and Dr. Elliott and Dr. Molina. The following is a brief explanation of some of the methods we use to guide your child's behavior and provide a positive dental experience. Since each child is unique, no list can be complete and other methods may be explained as needed.

### TELL, SHOW, DO

This is the most important tool for teaching your child. The child is told in simple terms what is going to be done. Then they are shown what is going to be done and then the procedure is performed.

### IMAGERY

We tell children in simple terms what is going to be done. For example, a dental exam becomes "looking and counting your teeth". A dental prophylaxis and cleaning becomes "brush and tickle your teeth". We encourage you to use these terms when talking to your child about their dental experiences.

### DISTRACTION

Sometimes it is necessary to distract your child from an unpleasant sensation by focusing his/her thoughts on something other than what is being done.

### POSITIVE REINFORCEMENT

This is a technique used to reinforce good behavior by praising your child or providing a reward following a desired response in hopes of promoting continued good behavior.

### VOICE CONTROL

Voice control is a controlled change of voice volume, tone or pace to influence and direct the child's behavior. This technique is used to establish a line of communication between the doctor and child.

### RESTORATIVE RELATED PROCEDURES

Almost all procedures to repair teeth involve the use of the **dental handpiece**, which many people think of as the "drill". We refer to it as "Mr. Whistle" and the slow speed handpiece as "Mr. Bumpy". The sensations these instruments produce will be introduced to your child in a non-threatening manner. A **rubber dam** or "rain coat" is used to isolate the teeth being repaired. This helps keep saliva away from the tooth, protects the soft tissues of the mouth and keeps unfamiliar tastes out of your child's mouth. A **mouth prop** or "tooth pillow" is used occasionally so the child's jaw muscles don't become overtired during the procedure to prevent the child from biting the handpiece.

### LOCAL ANESTHESIA

Most restorative procedures require the use of local anesthetic. We grew up calling it "novocaine". Please avoid using words such as "shot, needle or injection". We never use these words around children. A topical anesthetic is used to help numb the soft tissue at the injection site. The child is told we are going to "wiggle and pinch and put

their tooth to sleep". The dental assistant places their arm lightly across the child's chest or holds their hands during the injection to protect the child from reaching up and grabbing the syringe and hurting themselves.

Property of Cary Pediatric Dentistry



## FINANCIAL POLICY



Thank you for choosing our office for your child's dental treatment. We are committed to their successful treatment! Please understand that *payment of your bill is considered a part of your child's treatment*. The following is a supplement to our **Payment Policy** which you received in the New Patient Information Folder.

- Please be aware that the parent bringing the child to Cary Pediatric Dentistry is *legally responsible for payment of all charges*. We cannot send statements to other persons.
- **Payment is expected in full for each appointment as services are rendered**. For the convenience of our patients, we accept cash, personal checks (which CANNOT be post-dated), MasterCard, Visa, Discover or American Express.
- **Dental Insurance** - there is NO direct relationship between our office and your insurance company. The type of plan chosen by you, and/or your employer determines your insurance benefits. As such, we have no say in the selection of your insurance company, no control over the terms of your contract, the methods of reimbursement or the determination of your insurance benefits. Therefore, *we do not accept assignment of benefits from any insurance company*. Any reimbursement by your insurance company should be made directly to you according to the terms of your contract with them. Cary Pediatric Dentistry will electronically file your insurance claim for you if allowed by your insurance carrier the day services are rendered. If your insurance carrier is not able to receive electronic submissions we will provide you with a "superbill" with all applicable dental codes and you will mail that to your insurance company.
- **Emergency Treatment** - all emergency treatment must be paid in full at the time the service is rendered.

We recognize that under unusual circumstances an account balance may be incurred. Cary Pediatric Dentistry requires that all outstanding balances *be paid in full within thirty (30) days* unless other arrangements have been made. Also note, if we have not received payment or you have not contacted us within thirty (30) days, further action may be taken with a collection agency or with Small Claims Court. We reserve the right to apply an interest rate of eighteen (18%) from the date of service. Thank you in advance for your understanding of our financial policy!

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



In order to better understand your dental benefits, please call your dental insurance company and complete this form prior to your child's dental appointment. This form will help you to know what questions to ask of your insurance company and will provide basic information to better understand your plan. If your child needs any restorative treatment for cavities we can do a preauthorization with most insurance companies to get a more precise estimate.

**Please understand that your dental insurance company may change your benefits and coverage at any time and that we are not notified of these changes.**

DENTAL BENEFIT PLAN FOR: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Maximum: \_\_\_\_\_ Deductible: \_\_\_\_\_

Am I allowed to go out of network?      Y      N

How are the benefits different if I go out of network?

---

For **out of network** benefits, how are the following covered?

- |   |
|---|
| <ul style="list-style-type: none"><li>• Periodic exam (code D0120) _____</li><li>• Child cleaning (code D1120) _____</li><li>• Adult cleaning/13+ (code D1110) _____</li><li>• Fluoride varnish (code D1206) _____</li><li>• Bitewing x-rays (codes D0272 and D0274) _____</li><li>• Panoramic x-ray (code D0330) _____</li><li>• Sealants (code D1351) _____</li></ul> |
|---|

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How many cleanings am I allowed per year? \_\_\_\_\_

Do cleanings need to be separated by six months? Y      N  
(Some insurance companies will not pay if you are even one day early)

How many examinations am I allowed per year (including emergencies)? \_\_\_\_\_  
(Some insurance companies will only pay for two exams total per year)

Am I eligible for bitewings (code D0272 or D0274) and panoramic (D0330) \_\_\_\_\_

How many fluoride varnish treatments are allowed per year? \_\_\_ Age restriction? \_\_\_\_\_  
(Some insurance companies will only pay for one fluoride treatment per year and some have age restrictions)

Sealant coverage:

Permanent molars Y      N      Premolars Y      N Age limitation? \_\_\_\_\_

Replacement clause (how often can sealants be placed)? \_\_\_\_\_

# Tooth Snack Guide

\*This is a guide made specifically for teeth, and not overall nutrition\*



## Won't Cause Cavities

(Low Carb Foods)

Raw, Crunchy Vegetables

Raw, Leafy Vegetables

Cheese

Nuts

100% Nut butters

All Meats

All Fats

If you are thirsty drink water!

Water

Remember to give your child age appropriate food. Nuts, hot dogs, grapes, and sausages are common choking hazards, especially in children three years old and under.

## (Usually) Won't Cause Cavities

Whole Milk

Fresh fruit → *Crunchy is best*

Whole grain bread

Popcorn

Smoothies

Dark Chocolate (>70% Cacao)

Yogurt

Dips & Sauces

Oatmeal

Ice Cream

Don't get carried away, but it rinses away better than other desserts.

This list, including milk and fruit, has the potential to cause cavities quickly if you don't organize meal and snack time. The sugars won't stay in contact with teeth for long with organized eating habits.

## Causes Cavities Easily

Candies

Soda

Juice

Chocolate milk

Cookies

Dried fruit

Fruit snacks/strips

Dried flour cereals

Pretzels

Crackers

Oranges & Bananas

Sports Drinks

Please still eat them, just not all day long.

Even some healthy foods can cause cavities quickly. Being processed and/or dried is not good for teeth. Fresh bread is better than dried flour for teeth.

## Important Prevention Tips

- Always try to have sip of water after every meal or snack!
- Give your child 5 - 6 organized "mini-meals" a day with only water in between.
- Disorganized eating or drinking will cause cavities even with healthy foods!
- Help your child brush their teeth daily until they are six or seven years old.
- Only have water after the night time brushing.
- Floss teeth if they are touching for additional protection.
- Schedule an infant screening exam with our dentist at age one.
- Fluoride application at your dentist every six months can also help reduce cavities by 20 to 30%
- Never leave a bottle in bed with baby!

Provided by your dentists:

Dr. Robert D. Elliott, DMD, MS, PA  
Dr. Julie R. Molina, DDS, MS, PA  
540 New Waverly Place, Suite 300  
Cary, NC 27518  
919-852-1322



## Congratulations on bringing your child to the dentist! 😊

Your child should start seeing a dentist when the first tooth appears or no later than his/her first birthday. Why so early? This appointment gives us the opportunity to discuss diet/nutrition, proper oral hygiene care, take an adequate systemic fluoride history (city water *versus* well water) and prevent any dental problems that can occur. Primary teeth are important! It's true that they will fall out. Parents have to understand that baby teeth should remain in place until they are naturally lost. Baby teeth act as guides for the adult teeth. They have nerves just like the adult teeth. If decay is allowed to progress rapidly, kids will feel pain or discomfort just like the adult teeth. The general guideline is that front baby teeth fall out around age six, and primary molars (back teeth) usually fall out around age twelve. Healthy teeth allow children to chew food more easily, learn to speak clearly, and smile with confidence.

During your first visit, you and your child will get to meet Dr. Elliott or Dr. Molina and their caring TEAM. We encourage your child to explore their new dental environment! 😊 We invite you to be an active part of your child's dental health. Please do not be upset if your child cries. Children are often afraid of anything new and different, and crying is a normal reaction to that fear.

We ask that parents assume the role of a silent observer. Dr. Elliott and Dr. Molina have found that your presence is greatly enhanced if you play a passive role. If more than one person is speaking to the child, they may become confused and overwhelmed. Cooperation and trust must be established directly between Dr. Elliott or Dr. Molina, the dental TEAM and your child - not through the parent repeating everything. We tell children in simple terms what is going to be done. ie: an exam becomes "looking and counting your teeth". A cleaning becomes "brush and tickle your teeth". We encourage parents to use these terms when talking to their child about their dental experiences.

### **Prevention for children includes:**

#### **1. Proper diet**

Dr. Elliott and Dr. Molina encourage a balanced diet to help your child's teeth and gums develop properly. A diet high in sugar and starches (*including carbohydrates!*) may place your child at risk for tooth decay. These foods are safer for teeth if they are eaten with a meal and not as a snack. Sticky foods, such as fruit roll ups, raisins and gummy bears, tend to stick on the teeth and are not easily washed away by saliva, water or other drink. These sticky foods have more potential to cause cavities.

Don't put your child to sleep with a bottle of milk, formula, juice, or sweetened liquid, or without brushing their teeth! Any un-swallowed liquid in the mouth supports bacteria that produce acids and attack the teeth. Putting your infant to bed with nothing more than a bottle of water will protect him/her from severe tooth decay.

## **2. Flossing and brushing**

Your child should brush **after** breakfast and in the evening prior to going to bed. Flossing is critical where teeth make contact with other teeth (the bristles of the toothbrush cannot reach these areas).

## **3. Oral habits - thumbs, fingers and pacifiers**

It is normal for babies and young children to suck on fingers, pacifiers or objects. It provides security. For young babies, it's a way to make contact with and learn about the world. Most children stop their habit on their own between one and two years of age. No harm is done to their teeth or jaws. Some children who retain a habit past three years old may result with upper front teeth that tilt out and lower front teeth that tip inwards. The key time to stop with the habit is by age three (ideally age two). In some cases children need the help of their parents and their pediatric dentist to help them stop. The last resort is for their pediatric dentist to fabricate a mouth appliance that blocks the sucking habit. The thumb, finger and pacifier all affect the teeth essentially in the same way. The pacifier habit is often easiest to break (utilize the "trim back" technique).

### **Dental problems for children include:**

Early childhood caries (also known as baby bottle decay or nursing caries) -

To prevent tooth decay from a bottle or nursing, encourage your child to drink from a cup as they approach their first birthday. Children should not fall asleep with a bottle. Night-time breast feeding should be avoided after the first baby tooth begins to erupt. Drinking juice from a bottle will also cause decay. Choose a cup instead. Bottle-feeding should be weaned at 12-14 months of age.

Dental check-ups should be at least twice a year for most children. Some children need more frequent dental visits because of increased risk of tooth decay due to poor oral hygiene. During the check up, Dr. Elliott or Dr. Molina will review your child's medical and dental history. He or she will gently examine your child's teeth and oral tissues. Their teeth will be cleaned by removing debris from both the teeth and gums. Fluoride will be applied to the teeth to renew the fluoride content in the enamel, thus strengthening the teeth and preventing cavities. Hygiene instructions will improve your child's brushing and flossing.

X-rays are only taken when necessary to protect your child's dental health.

Dr. Elliott or Dr. Molina and their TEAM will discuss the need for x-rays with you before any are taken. Parents usually request that we speak to their child about "letting mom or dad help with their flossing and brushing at home". Hearing this directly from our office works well for most kids.

### **Help your child enjoy good dental health:**

- a. Brush twice a day...
  - with a non-fluoride toothpaste (if they can't spit it all out)

- with a fluoride toothpaste (once they can spit it out adequately).
- b. Floss at night prior to bedtime (where there are contacts).
- c. Beware of frequent snacking throughout the day.
- d. Assure proper fluoride in drinking water and ask Dr. Elliott or Dr. Molina for supplements if needed (private well water or filtered water).
- e. Continue with regular dental check-ups.
- f. Have sealants applied when appropriate.

## **A Dental HOME**

Your child needs to start developing a relationship with their dentist at a young age. They need to see how fun a kids dental office can be and allows them to get familiar with the office staff. Kids develop trust with consistency. The goal is to start them early in order to develop a relationship in which they progress from an exam to a cleaning to sealants and any restorative treatment that needs to be done. Kids usually don't do well if their first visit to the dentist is at age four with cavities. They tend to get overwhelmed with new noises, vibrations, and of course local anesthesia.

The initial visit is informative for the parent. Parent(s) develop an individualized preventative program with Dr. Elliott or Dr. Molina and their TEAM. Questions will be answered about diet, brushing, flossing and any habits your child may have. As the kids get older, parents will be informed about growth and development. Referrals may be given to other dental specialists, such as orthodontists, due to crowding. Last but not least, parents will be able to contact Dr. Elliott or Dr. Molina for any emergency dental trauma. Believe it or not, the kids we care for love coming to the dentist to see us! ☺ Their perceptions of dentistry are much different than their parents. Our pediatric dental office is a warm, friendly and caring environment, making the first visit to the dentist more appealing. We often give family tours so everyone can see what a pediatric dental office looks like. We've had parenting groups come and spend a half hour getting dental hygiene education from our staff.

### ***For more information:***

Log onto the American Academy of Pediatric Dentistry  
website at [www.AAPD.org](http://www.AAPD.org)  
or our website at [www.the2thfxr.com](http://www.the2thfxr.com)

## Payment Policy

*Please familiarize yourself with the information that follows. If you have any questions, please feel free to ask one of our business office staff.*

- ◆ Please be aware that the parent bringing the child to our office is legally responsible for payment of all charges. We cannot send statements to other persons.
- ◆ We ask that you pay the cost of the initial examination and any necessary dental x-rays on the day of that appointment. We accept cash, personal check, CareCredit, MasterCard, Visa or Discover.
- ◆ Please understand that financial arrangements are made directly with you. For the convenience of our patients, the following alternatives are listed as a guide for possible financial arrangements:
  1. **Payment in full** for each appointment as services are rendered. If you have not paid in full or arranged and honored a payment plan within two (2) months, we will refer your account to a collection agency. They, in turn, will report your past due status to a Credit Reporting Agency. Any fees incurred by Cary Pediatric Dentistry for Attorney or Court cost will be your responsibility.
  2. **Dental Insurance:** There is no direct relationship between our office and your insurance company. Your insurance benefits are determined by the type of plan chosen by you and/or your employer. As such, we have no say in the selection of your insurance company, we have no control over the terms of your contract, the method of reimbursement or the determination of your insurance benefits. Therefore, *we do not accept assignment of benefits from your insurance company.* Any reimbursements by your insurance company should be made directly to you according to the terms of your contract with them.

**Pre-treatment Authorization:** Some insurance companies recommend an estimate of the work to be done and the fees to be charged before determining their benefits to you. If so, we will provide you with the pre-treatment fee estimate. In this case, it will be up to you to determine if you wish to proceed with treatment before the insurance benefit is determined.

3. **Appliances:** The cost of the appliance must be paid on the day your child's impressions are taken. This is necessary because our office must pay the lab bills when appliances are ordered, not when they are completed.
4. **Emergency treatment:** All emergency treatment must be paid in full at the time the service is rendered.

*There may be special circumstances in which we accept assignment of benefits from your insurance company, but please remember, even if you have insurance coverage, **you are responsible for payment of your account.** Please realize that your insurance coverage is a relationship between you, the insured patient, and your insurance company. Your understanding and cooperation with this matter is greatly appreciated. You are helping to keep our overhead expenses, in the form of direct and labor costs, down. In addition, you are helping keep your fees as low as possible.*

Thank you!

## CONVENIENCE FOR OUR PARENTS...

Dr. Elliott, Dr. Molina and their staff continually strive to provide our patient families with convenience to make your visit to our office 100% enjoyable! We are proud to offer two more services to keep you smiling:

**PATIENT DROP OFF** - Inclement weather or running late? Our building offers a patient drop-off area around to the back of the building.



Cary Pediatric Dentistry offers wireless internet and a



***gourmet coffee bar***

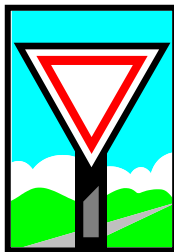


for your enjoyment! If there is anything else we can do for you, please let us know!

**Cary Pediatric Dentistry**  
**540 New Waverly Place, Suite #300**  
**Cary, NC 27518 \* (919)852-1322**

## Explanation to Parents About Patient Safety and Privacy

For your comfort one adult is welcome *but not required* to accompany your child to the operatory. We do encourage *self independence* to help promote the growth and development of your child. For safety and privacy of the other patients all others, *including children that are not scheduled at this appointment*, are asked to remain in the reception room. Young children in the reception room will need a supervisory adult. Also, please refrain from bringing strollers into the treatment area as well, as they tend to block common pathways.



Additionally, *the use of cellular phones is prohibited in the operatory*. The extra conversation carried on by others in the clinical area can be most distracting to children, preventing us from close, careful communication with each young patient. *Thank you for your understanding and cooperation in these matters.*

***This will help us to serve  
your child better.***

*Member, American Academy of Pediatric Dentistry*  
Cary Pediatric Dentistry  
540 New Waverly Place, Suite #300 Cary, NC 27518 (919) 852-1322



## Our Office Policy Regarding Dental Insurance



Our office is considered out of network for all insurance companies. Therefore, our parents pay us directly for the services rendered at the time of the appointment. Once you provide us with your dental insurance information, we will electronically file your insurance claim for you. If you do not have your insurance information, we will provide you with a blank insurance form that you can submit on your own.

### The top two misunderstood facts regarding dental insurance are:

#### **Fact 1 - No insurance pays 100% of all procedures.**

Dental insurance is meant to be an aid in receiving dental care. Many patients think that their insurance pays 90%-100% of all dental fees. This is not true! Most plans only pay between 50%-80% of the average total fee. Some pay more, some pay less. The percentage paid is usually determined by how much you or your employer has paid for coverage or the type of contract your employer has set up with the insurance company. There are literally thousands of contracts available for employers to choose from.

#### **Fact 2 - Benefits are not determined by our office.**

Insurance companies set their own schedules and each company uses a different set of fees they consider allowable. These allowable fees may vary widely because each company collects fee information from claims it processes. The insurance company then takes this data and arbitrarily chooses a level they call the "allowable" UCR Fee. Frequently this data can be three to five years old and these "allowable" fees are set by the insurance company so they can make a net 20%-30% profit. You may have noticed that sometimes your dental insurer reimburses you or the dentist at a lower rate than the dentist's actual fee. Frequently, insurance companies state that the reimbursement was reduced because your dentist's fee has exceeded the usual, customary, or reasonable fee ("UCR") used by the company.

A statement such as this gives the impression that any fee greater than the amount paid by the insurance company is unreasonable or well above what most dentists in the area charge for a certain service. This can be very misleading and simply is not accurate.

Unfortunately, insurance companies imply that your dentist is "overcharging" rather than say that *they are "underpaying" or that their benefits are low.*

*In general, the less expensive insurance policy will use a lower usual, customary, or reasonable (UCR) figure.*



## "THE WHOLE TOOTH"

## The Benefits of X-Rays

The use of X-rays in dentistry is considered a necessary component of a thorough dental examination. Many diseases of the mouth cannot be seen with the naked eye. If X-rays are not used, small cavities between the teeth, abscesses, cysts, tumors and other diseases may be impossible to detect until obvious signs and symptoms have developed and the progression of oral disease is quite severe. Finding and treating dental problems at an early stage can save time, cost and discomfort. If you have a hidden tumor, early diagnostic X-rays may even help save your life.

### WHAT ABOUT THE RADIATION DAMAGE



Scientists have known for some time that exposure to large amounts of radiation can be harmful to your body. With the modern techniques and equipment used in the dental offices of today, the amount of radiation received in a routine dental examination is extremely small. Therefore, the risk of harmful effects from dental X-rays is negligible.

### A COMPARISON

We are exposed to natural background radiation all the time from earth, sun, moon, and stars. It has been estimated that the average person receives about 300 millirem of radiation every year from natural environment. By comparison, the four bitewing X-rays we recommend most patients have every year deliver 2 millirem of radiation.

### HOW WE LIMIT YOUR RADIATION EXPOSURE

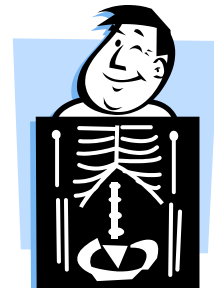
There are many precautions we follow to help limit your radiation exposure:

- A lead shield, impenetrable by X-rays, covers your body.
- High speed film is used, so that the picture can be exposed with the smallest amount of X-ray dosage possible.
- The X-ray tube is designed to filter out and restrict the size of the X-ray beam.
- Employees wear radiation monitoring badges to detect radiation exposure. This process



can help identify possible leaks in all of the X-ray equipment. Since the beginning of our practice we have never had a report indicating unacceptable radiation levels!

- The NC Department of Radiation Protection tests our X-ray equipment annually to assure safety to staff and patients.
- Routine, diagnostic bitewing X-rays are taken of the back molars only, where the possibility of decay between the teeth is more likely.



Problems cannot be treated without first being diagnosed. One of the most valuable diagnostic tool ever developed in medicine is the X-ray machine. By using X-rays carefully and prudently, we are able to offer our patients the excellent care they deserve.



Dr. Bobby Elliott DMD., M.S. and Katherine Fabrizio M.A., Licensed Professional Counselor

## Dental Health & Mental Health



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