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Cary Pediatric Dentistry

Julie R. Molina, DDS, MS



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.
- ◆ *Our most requested appointment times are 8:20am - 9:10am and 3:00pm - 4:00pm.* As a result, we will alternate your cleaning appointment time every 6 months. For example, if you had an 8:20am - 9:10am appt or a 3:00pm - 4:00pm appt we would ask you to schedule your next appointment between 9:10am and 2:40pm. We do understand that sometimes this can be an inconvenience but we do appreciate your understanding and cooperation.
- ◆ *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!

Signature (Parent/Guardian)

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?

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