



Statement of Understanding For Parents / Guardians During Dental Treatment

Welcome to our dental clinic. We are glad you have chosen us as your dental care provider. Below we have listed information regarding our dental program. Please initial each section indicating that you have read or have had the statement explained to you; and that you have had a chance to ask questions which were answered to your satisfaction.

_____ We are a public health care clinic providing general dentistry. An initial exam and oral evaluation will be completed at your first visit. Your child's treatment plan and the cost for each procedure (if applicable) will then be reviewed with you.

_____ There may be occasions where a young child will not cooperate and services cannot be given. That child will be referred out to a specialist. While we will try our best to treat the patient, we **do not** force any child to behave in the chair.

_____ You will be responsible to keep all of your scheduled appointments with the dental clinic. You are required to call 24-hours in advance to cancel or reschedule your appointment.

_____ As a courtesy, please turn **all cell phones off** when in any of Citrus County Health Department settings.

_____ **Three failures** to keep an appointment will result in your dismissal from the dental clinic.

_____ If you are late, we may need to reschedule your appointment so that we do not interfere with the time of the next dental patient. **Please be at the office 30 minutes before your appointment to avoid being rescheduled.**

For your convenience we accept the following insurances: **Medicaid, Florida Healthsease, Childrens Medical Service (CMS), Ped-i-Care**

_____ As a courtesy to you, we will file your claim to your insurance(s), but it is the patient's responsibility to make sure the insurance is current and the benefits are still available. Notify us immediately of any changes in your insurance. If at the time your insurance is filed and payment is denied, **you will be responsible for payment.**

_____ Parents or Legal Guardians must remain in the dental reception area at all times during the child's treatment. **You may not leave the building for any reason.**

_____ We ask that you do **not** accompany your child into the exam room unless asked to do so by the staff. Our experience indicates that children are most cooperative when parents remain in the waiting area. Please be assured that should the dentist have any questions you will be asked into the room.

Signature

Relationship to Patient

Witness

Date