



PARENT AGREEMENT

Welcome! We appreciate you choosing our office to serve your child's dental needs. We invite you to join us in creating the very best dental experience for your child. Here are some important ways you can participate in our team effort.

1. **Regarding Appointments:**

Please consider your calendar carefully when scheduling an appointment. Our doctors and staff have set aside specific time just for your child, and we need that full amount of time to provide your child with the very best care possible. Please allow us a 24-hour notice to cancel or change your appointment. We do allow a 15 minute late policy, so please call our office if you will be late. After 15 minutes with no call or no show, the appointment is considered a "fail". After 2 failed appointments, we have to dismiss the patient/family from our practice.

2. **Our fees/payments:**

To accommodate you, we accept checks, cash, Visa, Mastercard and Discover. All returned checks are subject to a fee of \$35.

3. **Insurance Policy:**

As a courtesy, we will verify your insurance and file your dental claims for you. If at any time your insurance policy changes, it is your responsibility to notify the office. Please be aware that if you do not inform our office and the policy changes without our knowledge, you will be responsible for any charges that occur. Since insurance policies vary, we can only estimate your coverage in good faith, but cannot guarantee coverage due to the complexities of insurance contracts. **Insurance is not a guarantee of payment.** For treatment visits, your estimated patient portion must be paid at the time of service. **In an effort to provide your child with the best care possible, our doctors and staff will diagnose based on the need of your child, and not solely based on your insurance coverage.**

4. **Collections Accounts:**

All accounts aged over 90 days will be considered PAST DUE. Past due accounts will be referred to a collection agency. If your account is sent to the collection agency, you will be responsible for any and all costs involved with the collections process.

5. **Office Visit Policy:**

We welcome you to stay with your child/children throughout the entire hygiene visit. However, if your child/children require treatment, we only allow one parent or guardian in the treatment room with no other children with you at the time of the visit. All patients must be accompanied by a legal guardian.

I have read and understand the above statements and agree to Thorson Dentistry for Kids policies. By signing below, I authorize the performance of dental services, including procedures, medications, or anesthetics for my child, as advised by my child's treating dentist.

Signature: _____ Date: _____