OFFICE POLICIES

THIRD-PARTY ACCOMPANIMENT POLICY

To ensure the safety and privacy of our patients, we require that only legal guardians or individuals with documented authorization accompany patients to their appointments.

- **Authorized Accompaniment:** Third parties (e.g., grandparents, uncles, cousins, stepparents, boyfriends/girlfriends) may accompany a patient only if a **notarized letter of consent** or official **custody/power of attorney documentation** is on file with our office.
- **Submission Deadline:** This documentation **must be received at least 48 hours prior to the scheduled appointment**. If the required permission is not in the patient's file within this timeframe, the appointment will need to be rescheduled.
- **Identification:** All authorized third parties must present a **valid photo ID** to verify their identity upon arrival.
- **Parent/Legal Guardian Presence:** The patient's parent or legal guardian **must remain in the building** for the entire duration of the patient's treatment. This policy also applies to individuals specified on the permission form. Please contact our office for a copy of the consent form or refer to our website.

GENERAL OFFICE POLICIES

- **Food and Drinks:** For the comfort and cleanliness of all our visitors, food and drinks are **not permitted inside the building**.
- **Electronic Devices:** The use of phones, cameras, and other electronic devices is **not permitted beyond the waiting area**. We appreciate your cooperation in maintaining a focused and respectful environment.

APPOINTMENT CONFIRMATION AND CANCELLATION/NO-SHOW POLICY

At Smiling with Love Pediatric Dentistry, we dedicate specific time slots to provide your child with the highest quality care. To ensure efficient scheduling and accommodate all our patients, we have the following policies:

APPOINTMENT CONFIRMATION

- **Required Confirmation:** We require **confirmation (verbal or written)** of your child's appointment at least **48 hours prior** to the scheduled time.
- **Rescheduling Policy:** If we don't receive this confirmation within the 48-hour timeframe, we may need to **reschedule your child's appointment**.

CANCELLATION AND NO-SHOW POLICY

- **24-Hour Notice for Cancellations:** We kindly request that you contact our office at least **24 hours in advance** if you need to cancel or reschedule an appointment. You can do this over the phone or by text message. This allows us to offer the time to other patients who need urgent care.
- **Cancellation/No-Show Fee:** For any established patient who **fails to show** for an appointment or **cancels/reschedules with less than 24 hours' notice**, a **$50 fee** will be charged. This fee is the patient's responsibility and is due prior to the next office visit; it won't be billed to your insurance company.
- **Policy Violation and Dismissal:** A **third (3rd) instance** of a no-show or a cancellation/reschedule without 24-hour notice may result in the **dismissal of the patient** from Smiling with Love Pediatric Dentistry.
- **Reminder Calls:** As a courtesy, we make reminder calls or messages for appointments. However, please be aware that this policy remains in effect even if you don't receive a reminder.

ARRIVAL AND LATE POLICY

- **Arrival Time:** We ask that you **arrive 15 minutes prior** to your scheduled appointment time. This allows ample time to complete any necessary forms and ensures your child is in the dental chair promptly at their appointed time.
- **Late Arrival**: Your appointment was scheduled to allow for enough time to provide the best service for you. Patients who arrive for their appointments more than 10 minutes late may have to be rescheduled.

EXTENUATING CIRCUMSTANCES

We understand that unforeseen emergencies can occur. If you experience extenuating circumstances that prevent you from keeping your scheduled appointment, please **contact our Office Manager as soon as possible** at (757) 296-0570. You can leave a message after regular business hours (Monday through Saturday) or on Sunday. Messages left via voicemail or text message are acceptable.

FINANCIAL POLICY

At Smiling with Love Pediatric Dentistry, we're committed to providing exceptional care for your child. It's important for you to understand our financial policies, as financial arrangements are made directly with the patient's parents or legal guardian. The individual bringing the child to our office is responsible for all charges incurred.

PAYMENT FOR SERVICES

Payment in full is due at the time services are rendered. We accept cash, Visa, Mastercard, American Express, and Discover for your convenience.

DENTAL INSURANCE

We believe in providing treatment recommendations based on what's best for your child's oral health, independent of insurance coverage. Please note the following regarding dental insurance:

- **Your Responsibility:** Our primary relationship is with you, not your dental insurance company. Your dental insurance plan is a contract between you (or your employer) and the insurance provider. Most plans typically cover between 50-75% of the average total fee for covered services.
- **Filing Claims:** As a courtesy, we're happy to file your dental insurance claims. However, any amount not covered by your insurance company is due at the time services are rendered. This may include deductibles, co-payments, procedures not covered by your policy, and the difference between our fees and your insurance's allowed amount.
- **Direct Reimbursement Plans:** In cases where your insurance carrier does not reimburse our office directly, you'll be responsible for the full cost of visits at the time

of service. Your insurance company will then send the reimbursement check directly to you.

- **Account Balances:** We allow a maximum of 45 days for your insurance company to process and clear account balances. Any unpaid portions remaining after this period will become your full responsibility.

SPECIFIC TREATMENT CONSIDERATIONS

- **Fillings:** Our preferred dental material for fillings is white (composite resin). Please be aware that your insurance company may not cover resin fillings at the same level as silver (amalgam) fillings. In some instances, Dr. Luis may recommend a silver crown over a resin filling, based on clinical need.
- **Nitrous Oxide (Laughing Gas):** Please note that nitrous oxide may not always be covered by dental insurance. Payment for nitrous oxide is due on the date of service.
- **Appliances:** The entire cost of any dental appliance is due on the day your child's appliance is delivered.
- **Emergency Treatment:** All emergency treatment must be paid in full at the time services are rendered.

PRE-TREATMENT AUTHORIZATIONS

Some insurance companies recommend an estimate of proposed treatment and associated fees (a "pre-treatment authorization") before determining their benefits. If required, we'll provide you with this estimate. It will then be your decision whether to proceed with treatment before your insurance benefit is determined.

PAST DUE ACCOUNTS

If your account becomes past due, we will take necessary steps to collect the outstanding balance. An interest fee will be charged for all debts 60 days past due. Should it become necessary to refer your account to a collection agency, you agree to be responsible for all incurred collection costs.

ACKNOWLEDGMENT OF FINANCIAL POLICY

I have read and fully understand the above financial policy, and I acknowledge my responsibility to pay for services as they are rendered. I am providing my dental insurance information to Smiling with Love Pediatric Dentistry for assistance in filing claims for

services provided to my child. I understand that I am responsible for paying any portion of treatment not covered by my insurance company.