Carolina Children's Dentistry

Felicia L. Goins, DDS B. Brian Han, DDS Lisbeth W. Poag, DMD

"We make smiles"

500 Physicians Lane
Sumter, SC 29150
(803) 775-4793

7701 Trenholm Road Ext.
Columbia, SC 29223
(803) 736-6000

TREATMENT AGREEMENT

Our Commitment to you:

Our purpose is to provide the best pediatric dental care to patients in a caring, relaxed atmosphere. We are dedicated to a positive, fun, and caring relationship with your child. With flexibility, and by working well together as a highly skilled team, we will be proud of the lifetime benefits attained by our patients and parents as well as ourselves.

Our Staff and Services Performed:

As your children's dentists, we diagnose, plan, and oversee all treatment. On our team are especially trained pediatric assistants, who will be actively involved in your child's dental care. Our goal is to have you and your child enjoy your time in our office.

Expectations:

Successful treatment takes a considerable effort from the pediatric dentist, the patient, and the parents. We pledge to you our total effort and trust that we can count on you especially in the following areas:

A. Brushing and flossing daily: Parents please monitor and assist your child in brushing and flossing at least twice daily.

B. Keeping appointments: There can be no changes in the reserved appointment time. Unless there is a family emergency, all appointments must be kept as scheduled. When appointments are changed and treatment is delayed, disease continues to destroy the tooth, and may result in discomfort for your child and greater expense for you.

C. Broken Appointments: A **notice of 24 hours** is required to cancel an appointment. This will enable us to fill the time slot with another patient. **Failure to notify us will result in dismissal from the practice**. Please respect our doctors as well as our patients by adhering to this policy.

D. Consideration for reserved appointment times: To best serve your child's individual needs, and to coordinate with our laboratory, certain times of the day are reserved for particular procedures. We greatly appreciate your understanding and cooperation.

E. Visiting our doctors and hygienists. It is important to be prompt for your early detection and cleaning visit every 6 months.

F. Loose or broken appliances: If anything is loose or broken, please call the office immediately for instructions. Appliances are not fabricated in our office, therefore, adequate time must be allowed for repairs.

To Reserve Your Appointment:

For all total treatment plans paid in full prior to treatment, a 5% Bookkeeper Savings applies. If a credit card is used, a 3% savings will apply. To reserve an appointment, all treatment fees for that appointment need to be paid prior to the appointment.

Separation/Divorce:

In the situation of a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for their treatment fees. If the divorce decree requires the other parent to pay a part or all of the treatment costs, it is the authorizing parent's responsibility to collect payment from the other parent. As always, the person bringing the child to the appointment will be expected to pay as required.

Insurance:

Acceptance of insurance by this office does not absolve the parent/guardian of complete responsibility for the charges in full for treatment rendered. **The estimate provided by this office is to be considered only as a guideline for the insurance reimbursement.** Because your insurance coverage depends on the type and quality of insurance your employer purchased for you, we can make no guarantee of the insurance payment as estimated.

If we have not received your insurance payment after 61 days, the payment becomes your full responsibility. If you notice your insurance company has not remitted payment within 45 days, you should contact them immediately to request their payment.

Payment Plans:

Payment in full is expected prior to treatment rendered unless prior arrangements have been made with our financial coordinator. Payment plans must also be current for your child's treatment to proceed as scheduled.

A finance charge will be added monthly at a rate of 1.5% per month for those accounts aging more than 60 days. Accounts not reconciled in full within 120 days will be reported to a collection agency.

Thank you for reviewing our Treatment Agreement. Please read the following statements, initial each section and sign and date the bottom of this form.

_______ Full payment is due at the time of service unless arrangements have been made prior to the start of any treatment.

_______ All balances not paid by insurance are ultimately the parent's obligation. We will file claims and pre-determinations to your primary insurance as a courtesy. However, insurance balances that are not paid within 60 days may be billed to you.

_______ Some of your treatment may not be covered by your insurance. The cost for such charges will be your responsibility.

_______ Major services may require a deposit equal to at least half of the estimated patient portion at the time the appointment is made.

_______ Patients are asked to confirm their appointments at least 24 hours in advance by directly contacting our office or by responding to our confirmation system.

I certify that I have read and understand this Treatment Agreement.

I hereby authorize Dr. Felicia Goins, Dr. Lisbeth Poag and Dr. B. Brian Han and their staff to provide any insurance company, claim administrator, and consulting health care professional any information concerning health care, advice, treatment, or supplies provided. This information will be used exclusively for the purpose of evaluating and administering claims for benefits.

______________________________ ____________________

Parent Signature **Date**