



Standard of Care at Ballard Family Dentistry

Patient Name _____ Date of Birth _____

Fluoride Treatment:

I understand that I will receive fluoride treatment at every cleaning appointment unless otherwise requested differently by me. I also understand that if I choose not to have fluoride for myself or child that it is my responsibility to inform the dental hygienist before the cleaning begins.

X-Rays:

I understand that if I am transferring from another dental office, it is my responsibility to inform Ballard Family Dentistry that x-rays were taken at another dental office. X-rays are standard of care at Ballard Family Dentistry and will be taken at least a minimum of 1 set every 12 months.

Missed Appointments:

I understand that when I reserve an appointment with Ballard Family Dentistry, I am committing myself to the specified day and time. I understand that Ballard Family Dentistry does not charge a cancellation fee for emergency situations. I also understand that if I abuse the cancellation policy, which requires a 24 hour notice, I could incur a fee of \$20.00 if I miss my appointment.

Payment Policy & Insurance:

I understand that my payment is due at the time services are rendered. I also acknowledge and agree that payment in full is required if my insurance cannot be verified prior to my appointment.

I understand that Ballard Family Dentistry files my primary insurance. I acknowledge and agree that it is ultimately my responsibility as the patient/parent to know what my insurance plan covers and any unpaid balance not covered by insurance is my responsibility.

I understand that as the parent, I am responsible for my child while under the care of Ballard Family Dentistry. I understand that should I allow someone other than myself to bring my child to his/her appointment, that any documents signed by that person or verbal acknowledgments given by that person is ultimately my responsibility and will fall back upon me.

Patient/Guardian/Parent Signature

Date