

**Diplomate American Board of Pediatric Dentistry*

Pediatric Dentistry
John W. Bishop, D.D.S.*
Carlos A. Bertot, D.M.D.*



Pediatric Dentistry of Central Florida
BISHOP • BERTOT

Orthodontics
John R. Smith, D.D.S., M.S.D.

STATEMENT OF UNDERSTANDING

Because your child is a minor, it is necessary that we have your specific consent for treatment. No treatment shall be rendered, other than examination procedures, before you are given an explanation, verbal or written, of care needed. All treatment will be rendered to the best of our ability, and consistent with accepted procedures in the practice of pediatric dentistry.

Following a consultation and home care instructions, children are escorted to the operative area by the doctor or staff member. Parents are not allowed in the operative area of the office during their child's appointment. Our reception area is stocked with magazines, information pamphlets, and a beautiful aquarium for you to enjoy while you wait. Our experience has shown better cooperation is received from the child without the parent being present.

Children younger than three years of age are examined with the assistance of the parent in a consultation room. For parents with disabled children, our need for your assistance will be determined at the initial visit and will depend on your child's disability and cooperation level. Viewing of our operative area is welcome upon request.

It is further understood that payment will be made on the date treatment is rendered. Credit is extended only through Visa, Master Card and Discover. Citi-Health Card and Care Credit is also available for treatment costs exceeding \$500. Any child in pain will be relieved, regardless of ability to pay, on an emergency basis.

Please review our **Office Financial Policy and Options** to select a method of payment that most benefits you. If you elect to have us electronically file insurance for you, bring your insurance information with you so that we may assist you in obtaining reimbursement from your insurance company.

If your child's dental treatment plan exceeds \$300.00, we can pre-authorize in advance with the insurance company, with benefits assigned to the doctors. Parents will be responsible for the difference of what the insurance company does not pay. Please bring an insurance form to our office, with your portion completed, for this purpose only. Once pre-authorization has been received, treatment needs to be completed within 60 days.

Your appointments are a reservation of space, equipment, our time, and the time of a number of auxiliary personnel. If unable to keep an appointment, 24 hour notice is customary and appreciated. Multiple missed appointments may result in dismissal from the practice.

Thank you for your attention to these matters, so that we can provide better care for all our patients.

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