



WEST SIDE LOCATION 982 Galloway Road
Galloway, OH 43119
614.870.1333
PKDkids.com

INFANTS - CHILDREN - TEENS

Kimberly M Gill, DDS, MS
Owner; Diplomate, American Board of Pediatric Dentistry



EAST SIDE LOCATION 3646 E. Main Street
Whitehall, OH 43213
614.231.4800
CloverKidsDental.com

It is our goal to make your child's visit a pleasant and rewarding one! We find that sharing expectations regarding appointments supports treatment success and reduces misunderstandings.

1. **SCHOOL-HOUR VISITS:** while after-school appointments are the most popular, we are not able to accommodate everyone during that time and kindly ask for your understanding. Treatment visits for children 6 years old and under are scheduled in the morning hours. Afternoon times are better suited visits such as check-ups, sealants, fluoride treatments and cleanings. A dental appointment is an excused absence from school.
2. **ARRIVAL TIME:** Please arrive 10-15 minutes in advance. Extra time is needed to complete COVID screening protocols and update patient information. Appointments are typically 30 minutes in length. We try our best to stay on time and not allow a child to wait to be seen for extended periods. **IF YOU ARRIVE MORE THAN 10 MINUTES PAST YOUR APPOINTED TIME IT MAY BE NECESSARY TO RESCHEDULE.** If you find you are running late, please call our office first, to determine if the appointment can still be held for you. **Patients may not necessarily be seen in the order they arrive, due to type of appt. and the doctor or hygienist providing care.**
3. **BROKEN APPOINTMENTS:** Kindly notify our office **24-hours in advance** if you cannot make the appointment. This will give us the best opportunity to schedule another child during that appt. time. Families who **BREAK TWO APPOINTMENTS without notifying our office** will have 2 options from that point forward:
 - a) **Be placed on a same-day appointment call list**
 - b) **Transition to another dental office**

We're happy to remain your child's "dental home" but need to adhere to these guidelines due to the number of kids that seek care with us.
4. **SCHEDULING APPOINTMENTS and MAINTAINING A TREATMENT SCHEDULE:** As a courtesy to you, we will attempt to confirm your child's scheduled visit by way of e-mail or text or phone call. However, once you schedule the appointment, **remembering it and keeping it is your responsibility.** Also, doctors will recommend a treatment schedule based on your child's unique needs. Attending all recommended visits can help avoid potential serious health issues.
5. **BRING ONLY SCHEDULED CHILDREN:** During COVID restrictions we require allow one parent/guardian to accompany the child to the appointment. No other children or family members are permitted if they do not have an appointment. For treatment visits other than check-ups, if your child is 6 years old or older, we ask that you remain in the front reception room or in your vehicle. We will notify you to return to the check-out desk when your child is ready to go home.

By signing below, you agree to and understand the policies and procedures stated above.

Parent/Guardian printed name and signature: _____

Patient name: _____; Date _____



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FINANCIAL POLICY

Thank you for choosing our office for your child’s dental treatment. We are committed to their successful treatment! Please understand that payment of your bill is considered a part of your child’s treatment.

- Please be aware that **the adult bringing the child patient to Clover Kids Dental is responsible for payment of all charges.** We cannot send statements to other persons.
- **Payment is expected in full for each appointment as services are rendered.** For the convenience of our patients, we accept cash, personal checks (which cannot be postdated), Visa, MasterCard, Discover and American Express. Additionally, we offer Care Credit for financing options.
- **Dental Insurance-** There is no direct relationship between our office and your insurance company. The type of plan chosen by you, and/or your employer determines your insurance benefits. As such, we have no say in the selection of your insurance company, no control over the terms of your contract, the methods of reimbursement or the determination of your insurance benefits. We will accept assignment of benefits from your insurance company, however you are responsible for the full balance including any amount that is not paid by your insurance company.
- **Emergency Treatment-** all emergency treatment must be paid in full at the time the service is rendered.

We recognize that under unusual circumstances an account balance may be incurred. Clover Kids Dental requires that all outstanding balances be *paid in full within (30) days* unless other arrangements have been made. Also note if we have not received payment or you have not contacted us within 30 days, further action may be taken with a collection agency. We reserve the right to apply an interest rate of 10% from the date of service.

Thank you in advance for your understanding of our financial policy!

Parent/Guardian printed name and signature: _____

Patient Name(s): _____

Date: _____