City Kids Dental, PC
RESPONSIBLE PARTY INFORMATION

Parent's Name_____
Address_____
City, State, Zip_____
Employer_____
Home Phone_____
Cell Phone_____
E-mail_____

Parent's Name_____
Address_____
City, State, Zip_____
Employer_____
Home Phone_____
Cell Phone_____
E-mail_____

Marital Status of Parents: Married Remarried Divorced Domestic Partnership
(please circle as applicable) Single Separated Widowed
*If Domestic Partnership, who has legal guardianship of the child: _____

Do you have dental insurance coverage for your child? Yes No
Name of Employee_____ DOB _____
Insurance Company_____ **ID#_____ Group #_____
Insurance Address_____

Do you have a secondary dental insurance for your child? Yes No
Name of Employee_____ DOB _____
Insurance Company_____ **ID#_____ Group #_____
Insurance Address_____
** If you do not have an insurance ID#, please provide your social security number.

Acknowledgement of Financial and Appointment Policies

City Kids Dental, PC is a fee for service office. Payment for services is expected at the time the services are provided. The parent/guardian that accompanies the child to the appointment is responsible for payment, unless payment is arranged prior to the appointment. Cases of divorce or other custody disputes, regardless of divorce decree are no exception. Although payment is expected at the time our services are provided, as a courtesy to you we will file any PPO dental insurance for reimbursement back to you. However, most insurance companies do not alert us to the fact that they have issued you a check. Please monitor this carefully. If you have not received your reimbursement within four weeks, we recommend you call your insurance company and inquire about the status of your claim. Please let us know if we can be of further assistance.
A service charge of 1.75% per month (18% per annum) on any unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial arrangements are made. There will be a $35 charge for a NSF (insufficient funds/returned checks).

At City Kids Dental, PC, we strive to provide a variety of appointment times to meet the needs of families' busy schedules. We reserve a set amount of time for patient appointments so that each child may get the proper care and attention. We appreciate your courtesy in calling us as soon as possible, if rescheduling your appointment cannot be avoided. When a family calls last minute to cancel or fails the appointment, we miss the opportunity to serve other patients and other families miss the opportunity to utilize these appointment times. We reserve the right to charge for appointments that are cancelled or broken with less than a 48 hour notice. We realize that unexpected things can happen, but we ask for your assistance in this regard so that we may best serve all of our patients.

Our ability to give your child excellent pediatric dental service is compromised if you arrive late. Please call ahead and alert our office so that we may do our very best to be flexible and make every attempt to succeed in our efforts. If you arrive 10 to 15 minutes late for your child's appointment, you may be asked to reschedule if it is not possible to give your child the quality care they deserve in the resulting reduced amount of time. We strive to see all patients on time for their scheduled appointments. We make every effort to stay on schedule and we want to be respectful of your time and courteous of the patients after you.

I grant my permission to City Kids Dental, PC to contact me at any phone numbers provided to discuss matters related to my child's oral health and/or account .I have read the above policies and agree to their content. I accept financial responsibility for this child. I authorize the release of any dental information necessary to process this claim and all future claims. I will be responsible for reporting any changes in my child's dental insurance coverage. I will be responsible for any late fees due on my account.

Patient name: _____
Signature of Parent/Guardian: _____
Printed Name of Parent/Guardian:_____ Date:_____