

Dear Parents,

We would like to take this opportunity to welcome you once again to our dental practice and explain a little about our office policies and goals. Your child's comfort and oral health are our primary concern, and you can rest assured we will do everything possible to ensure both. We hope that your child's dental experience will be rewarding and lead to a lifetime of healthy smiles.

The enjoyment we have experienced in our association with our patients stems in a large part from a mutual understanding of the joint responsibility regarding dental care. Thank you for helping us care for your child.

For your child's initial visit, please arrive approximately 10 minutes prior to your scheduled appointment time to register and complete the necessary paperwork. This will help to expedite your check in process and not utilize the time specially set aside for your child's dental visit. We encourage promptness to all scheduled appointments and a conscious effort in making and keeping appointments. Should you arrive 15 minutes past your scheduled appointment time, you may be asked to reschedule. Broken appointments may interfere with our ability to properly care for your child or another child that may need to see the doctor. We appreciate 24 hours notice to cancel an appointment so we may use that scheduled time for another child in need of seeing Dr. Madl.

All payments/co-payments are due at the time of service. If you have a dental insurance, please bring your information/card and we will be happy to file your insurance for you. At each visit, you will be asked to provide your estimated portion. For your convenience, our practice accepts personal checks, VISA, Mastercard and most forms of dental insurance. Our administrative staff will be happy to provide information and answer questions about fees, financial arrangements and insurance coverage.

In order for our relationship to be mutually satisfying and beneficial, we ask that at any time you have a question or concern regarding you child's treatment, fee for service, or financial issue, please discuss it with us promptly and openly so we can better meet your needs.

We trust that our goals are in accordance with what you are looking for in a pediatric dental healthcare provider. We look forward to your child's next visit.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for your cooperation and support,  
Dr. Tom and Staff**