

Dentistry for Special People, P.A.

**1910 Marlton Pike East, Suite 9
Cherry Hill, NJ 08003-2123
(856) 424-5955**

**188 Fries Mill Rd, K-1
Turnersville, NJ 08012
(856) 629-0222**

Dear «Guar_FName» «Guar_LName»,

Welcome to our office. We are glad that you chose us to care for your child. We strive to treat your child with the same care and effort that we utilize for our own children.

THE LEGAL GUARDIAN MUST BE PRESENT FOR THE INITIAL TREATMENT PLANNING VISIT.

Please complete and sign the Health History and Personal Questionnaire. Make sure you bring this form with you. It will prevent undue waiting for the child while you provide the information.

The initial visit usually consists of a thorough examination and possible x-ray study. It is customized for each child to give the maximal information with the least possible radiation. If there is no decay, the Doctor may elect to clean the teeth and place topical fluoride at this visit.

After the initial visit, we will be happy to give a written estimate of the upcoming dental care. Please understand that payment is due at time of service, unless prior written arrangements have been made. If your child has dental insurance, please make sure you bring all insurance information with you to your appointment. This includes insurance forms and /or insurance cards, including monthly eligibility cards if applicable to your particular insurance.

For your convenience, enclosed are guidelines of what you can expect so you can be better prepared for your appointment. Please make sure you read and understand them. This will allow us to provide the best possible care for your child in a safe and efficient manner. We will be happy to answer any questions you may have ahead of time.

We look forward to seeing you and your child in the near future.

Sincerely,

Jennifer Cully D.M.D.
Jeffrey Podowitz, D.D.S.
Zuhair Sayany, D.M.D.

Office Guidelines – This is how we work:

Late Arrivals/Missed Appointments: We recognize that unforeseen circumstances may occur. We would *appreciate* at least **24 hours** notice to reschedule appointments. **Patients who miss their initial (new patient) appointment or two appointments in a twelve-month period, without prior timely notification will be put on our open access program.** We make every effort to see your child as close to their appointed time as possible. Please be advised that if you are late for your appointment, you may need to reschedule. Continued lateness or missed appointments may result in having to seek care elsewhere.

Informed Consent: *A legal guardian must be present at all visits, especially the initial treatment planning visit.* For subsequent visits, adults other than the legal guardian may bring minor children, provided they have a letter from the guardian authorizing them to give consent for medical/dental treatment.

Payment: Unless prior written arrangements have been made, payment, including applicable co-pay if working with insurance, is due at the time that treatment is provided. The Adult accompanying the child is responsible for payment regardless of guardianship status.

Insurance: For your convenience, we currently work with many different insurance plans. However, it is YOUR responsibility to maintain eligibility and bring appropriate forms and insurance cards including eligibility cards if applicable to your insurance. We strongly recommend that you know and understand the particular variations in your insurance plan. Our staff will be happy to assist you in finding this information. These variations may include insurance deductibles, maximum yearly allowances, percent coverage for various procedures, need for pre-authorization etc. Please remember, that ultimately, you are financially responsible for your child.

Hygiene Visit: Please make your hygiene (check-up) visit prior to leaving the office. We will send out reminder cards.

White Fillings: We pride ourselves in using the best possible filling materials for our patients. These include the latest resin based esthetic materials, which may contain fluoride to prevent sensitivity and recurrent decay. We no longer use “Silver” Amalgam fillings that contain mercury. Please be aware that not all insurance plans will cover these newer fillings and that you would be financially responsible for any treatment that is not covered by your plan. Insurance pays what is most cost effective financially to them.

I _____ guardian, and /or parent of _____

_____ understand and agree to these policies.

(Patient Copy)

OFFICE EXPECTATION.....WHAT YOU CAN EXPECT

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