Welcome To Our Practice!

Thank you for choosing to bring your child to a Pediatric Dental Specialist. Dr. Cashion has had additional years of education beyond dental school to learn to provide exceptional care for your child. In addition, our entire staff is highly trained and has the experience and love for children to make your child’s dental visit enjoyable and fun. In this pediatric dental office, the routine may be somewhat different from your past experiences. In order for you and your child to feel more comfortable, we would like to familiarize you with our practice.

To ensure good dental health for your child, the process needs to begin at home prior to the first visit. We have found it is best for parents to treat the appointment as a normal outing. If your child requires information, explain that the dentist will count his or her teeth and take pictures of them to make sure they are healthy. The dentist will write a story about how the teeth look.

Your participation in your child’s dental experience will be a vital part of his or her overall dental health. We ask that you accompany your child through each step of his or her initial visit. This visit will include a thorough examination, a prophylaxis (cleaning), topical fluoride application, oral hygiene instruction, nutritional counseling, any necessary x-rays and a consultation with Dr. Cashion.

To give your child undivided attention, please make arrangements to have someone care for other siblings during this appointment. We also ask that the first portion of the appointment be spent with the parents only (not other relatives or friends). This will allow us to have your full attention to discuss important matters regarding your child’s medical and dental health. Children are welcome to entertain themselves in the play area or remain with you.

Our office is committed to the prevention of dental disease. By seeing your child early in life, we can help to prevent dental problems through patient/parent education and early treatment when necessary. Orthodontic problems may also be prevented or the severity lessened with early recognition and treatment. Your child, with good parental support, can have an excellent dental experience, a healthy mouth and a happy smile.

Please read the enclosed brochure and financial guidelines carefully. We look forward to meeting you and your child soon!

Again Welcome!

Dr. Cashion & Staff
FINANCIAL POLICY

Please familiarize yourself with the information that follows. If you have any questions please feel free to ask one of our business office staff.

1. Please be aware that the parent bringing the child to our office is legally responsible for payment of all charges. We cannot send statements to other persons.

2. You will be expected to pay the cost of the initial examination and any necessary dental x-rays on the day of that appointment. We accept cash, personal check, MasterCard and Visa.

3. Please understand that financial arrangements are made directly with you. For the convenience of our patients, the following alternatives are listed as a guide for possible financial arrangements.

   • Payment in full for each appointment as services are rendered. We accept cash, personal check, MasterCard and Visa.
   • **Dental Insurance:** There is no direct relationship between our office and your insurance company. Your insurance benefits are determined by the type of plan chosen by you and/or your employer. As such, we have no say in the selection of your insurance company. We have no control over the terms of your contract, the method of reimbursement or the determination of your insurance benefits. **Therefore, we do not accept assignment of benefits from your insurance company.** Any reimbursements by your insurance company should be made directly to you according to the terms of your contract with them. We will provide you with a “superbill” that can be attached directly to your insurance form and mailed to your insurance carrier. If you have questions our office staff will be happy to assist you.

   **Pre-treatment Authorization:** Some insurance companies recommend an estimate of the work to be done and the fees to be charged before determining their benefits to you. If so, we will provide you with the pre-treatment fee estimate. In this case, it will be up to you to determine if you wish to proceed with the treatment before the insurance benefit is determined.

   • Appliances: One-half (1/2) of the cost of the appliance must be paid on the day your child’s impressions are taken. This is necessary because our office must pay the lab bills when appliances are ordered, not when they are completed. The remainder of the cost of the appliance is due on the day of delivery of the appliance to your child.

   • Emergency Treatment: All emergency treatment must be paid in full before the treatment is rendered.

   • Returned Check Policy: In the event that a check is returned to this office for any reason a $28.00 service charge will be added and we will no longer be able to accept a check from you.

Remember, even if you have insurance, you are responsible for payment of your account. Please realize that your insurance coverage is a relationship between you, the insured patient, and your company. Your cooperation with this matter is greatly appreciated.

Thank you,

Dr. Cashion and Staff