

New Patient Policy

Patient Guidelines

Dear Parents,

Thank you for coming in today! We always enjoy meeting new families and seeing our existing patients. We just want to make you aware of a few office policies we are implementing so you are prepared for your next visit.

1. We would like to continue our OPEN DOOR POLICY allowing ONE parent to accompany their child for HYGIENE appointments, but due to limited space we are only allowing this during our morning hours.
2. If your child is scheduled for a restorative appointment with Dr. Batra or Dr. Ranganath ONE parent will be allowed in the room at anytime.
3. We are no longer accepting checks as a form of payment. For your convenience we do accept: Visa, MasterCard, Discover, Care Credit and we do accept Health Savings Accounts as well.
4. We are not a billable office and co-pays are expected at the time of service.
5. Cancellations require 48 hour notice so we have time to schedule another patient, otherwise your account may be charged a \$50.00 cancellation fee.

Incidental Disclosures

The Open Bay:

We use an open bay in our office for dental treatments that include but are not limited to hygiene new patients, hygiene recall and sealants. This type of environment is used for many reasons including positive behavior reinforcement (kids seeing other kids behaving well). Parts of dental treatment and/or conversations may be overheard by other patients or parents in the office. In you find that you child needs additional privacy, please request a closed-door treatment room.

Financial Information:

As a general practice we do send financial statements or letters by mail, email, or fax. Please let us know if you do not want us to contact you in this manner.

Appointment Reminders:

As a general practice we confirm upcoming appointments via phone calls, text messages, and emails. This is usually done one or two days before each dental appointment. Please let us know if you do not want us to contact you in any manner.

I understand the information that has been provided to me and my questions regarding the office policies have been answered.

Thank you for understanding as we are striving to make each family's visit as thorough and efficient as we can.

Patient First Name *

Patient Last Name *

Draw your signature into the box below. *

[Clear](#)

Relationship to the patient *

Name if not the patient *

[Continue](#)

[Macomb Childrens Dentistry](#)
