

KILLEEN DENTAL HEALTH CENTER, PA

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Welcome to Killeen Dental. We look forward to a long and lasting relationship with our patients built on confidence and mutual respect. Please read and sign below.

1. **PARENTS OR GUARDIANS OF MINOR CHILDREN MUST REMAIN ON THE PREMISES WHILE THE DENTIST IS SEEING THEIR CHILD.**
2. COMMITMENT TO APPOINTMENTS: We reserve appointment times for the needs of each individual patient. Our commitment to you is to always strive to be on time. Our office policy is firm in this regard, and we cannot accommodate frequent cancellations or late arrivals. Therefore, if you are more than 15 minutes late, we may ask you to reschedule your appointment, or if you are unable to come to your appointment, we ask that you give us 24-hour notice. ***Failure to keep your scheduled appointment without 24-hour notice will either result in a \$25.00 fee being charged to your account or termination of the family's doctor/patient relationship.***
3. TREATMENT ROOMS: Due to limited space and safety issues, ONLY THE PATIENT is allowed into the treatment rooms. Parents will be asked back to the treatment area to discuss their child's dental needs after the initial exam and/or treatment are complete. If you feel your child would be better served with you present for treatment, please bring this to the doctor's attention at the initial exam. Adults, you may NOT bring your child into the treatment room with you while you are being seen by the dentist or hygienist (even if the child is in a stroller). Please arrange for childcare.
4. RETURNED CHECKS: There will be a \$25.00 handling fee for any returned check. We do report hot check writers to the Bell County District Attorney.
5. CHANGE OF ADDRESS: In order that we may keep our records current, please inform us of any change of address or telephone numbers.
6. COMMITMENT TO FINANCIAL ARRANGEMENTS: Payment is required on the day of service for all dental treatment. As a convenience to you, our staff will submit charges for services to your insurance carrier. All co-payments for treatment are due on the day of service. The co-payments, which we quote, **are only an estimate**. Any balance, which remains after the insurance payment has been made, is the responsibility of the responsible party. The patient co-payment may be paid in several ways: cash, personal check, Master Card, Visa, Discover, or a payment plan through CareCredit for qualifying patients.

Responsible Party and/or Patient

Date