Pediatric DENTISTRY
MICHAEL J. VON GRUBEN, DDS

• Louisiana Medicaid

We want to help you get the full benefits afforded you by the Medicaid Program. To assist you in receiving these benefits, we will file your Medicaid claims for payment of services we have rendered to you. For your benefit, please let us know of any changes or if your coverage has been terminated. If coverage has terminated and no benefits are paid by Medicaid for services rendered, **then the responsibility falls to you to pay in full.**

• Dental Insurance

As a courtesy to you, we will assist in filing your dental claims to help you get the full benefit your insurance offers. Please be advised treatment plans are only an **estimated** cost based on an estimated coverage breakdown given to us by your insurance company. **Any cost not covered by insurance is your responsibility.** If you have any changes with your insurance company or policy, please inform our office before your next appointment.

• Attendance Policy

The best care for your child is received when you make the appointments we have scheduled together. If for some reason you have to cancel your child's appointment, please call our office **24 hours in advance** of your scheduled time. **If your child does not show for two scheduled appointments, unfortunately we will no longer be able to reserve future appointments for your family with our office**. This rule is important for your child and other children, because we make every effort to plan all appointments to provide the best preventative care. So if you miss yours, most if not all, appointment times are filled and your child misses out on their care.

• Confirmation Policy

Our office REQUIRES that all appointments are CONFIRMED. Several attempts will be made to contact you in regards to appointments. It is your responsibility to ensure that we have spoken to you and received a confirmation that your child will be at his/her appointment. If no confirmation has been received by the working day prior to the appointment, unfortunately **this appointment can no longer be held and the appointment WILL BE CANCELLED.**

I understand and agree to the above terms.

Patient's Name: _____

Signed: _____ Date:_____

Parent/Guardian