



LAKESIDE
Pediatric Dentistry

Ryan J. Hughes, D.D.S., M.S.
John D. Hanna, D.D.S.

Welcome,

We are pleased that you have chosen us to care for your children. Our staff will do everything possible to allow your child to grow up with a healthy dentition and a positive attitude towards dentistry. We feel that good communication is the key to this goal. Please don't hesitate to ask questions or discuss any phase of treatment.

The first visit is an important one. On this visit we examine the teeth and soft tissues, assess the growth and development of the jaws, clean the teeth, and give your child a topical fluoride treatment. Since we are a prevention oriented practice, we have scheduled additional time to inform you of the latest methods in prevention.

If your child is in the pre-school age, we would like to see him/her in the morning. It has been our experience that children in this age group are more receptive to new situations when they are not tired. The best way to prepare your child for this visit is to keep the explanation simple, such "A dentist is a doctor who looks at your teeth. He will probably clean them with a special kind of toothbrush."

We have enclosed a health history and general information form. Please complete both sides and bring it with you on the first visit. Please review our financial policy on the back of this letter so that we may answer any questions at your visit.

We look forward to seeing _____

on _____ at _____

Thank you,

Ryan J. Hughes, D.D.S., M.S.

John D. Hanna, D.D.S.

In order to keep open communication and prevent unfortunate misunderstandings, please review
OUR FINANCIAL POLICY

We require payment at the time of service if you do not have insurance.

If you do have dental insurance, we will require 25% of treatment charges at each appointment. If your insurance should pay more than the 75% we have estimated, we will send you a refund within 30 days of the insurance payment.

As a courtesy, we will bill your insurance directly. If we do not receive payment in 90 days, the balance is then your responsibility and due in full.

Insurance companies use the term "usual and customary" when setting fee limitations on services. The term suggests, but does not necessarily reflect, the average fees charged by doctors in the community. Please be aware that some insurance companies will pay a claim percentage based on their "usual and customary", and not our actual charges.

We accept VISA, MasterCard and Discover Card.

We charge interest at 1.5% per month after 90 days.

Our minimum monthly payment is \$75.00

We charge \$20.00 for a returned check from your bank.

We charge \$25.00, plus \$10.00 for each increment of time, for missed appointments.

We make every attempt to resolve past due accounts, but in the event that an account is turned over to our collection agency, there will be a collection fee of \$50.00 for a balance up to \$300.00, and \$200.00 for a balance over \$300.00 added to your account.

We feel regular visits and preventative treatment are your best protection against long and costly procedures. However, when the costs of necessary treatment exceed your budget, please make arrangements prior to treatment.

If you have questions, please contact our front office.

