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Children's Dentistry of Twin Falls

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We would like to welcome you to Children's Dentistry of Twin Falls, and hope to establish a good working relationship with you and your family. You may be aware that there are very few dentists in Twin Falls accepting Medicaid. As a courtesy, we accept Medicaid to help our community and those in need of assistance. In accepting Medicaid patients, we are required to follow certain guidelines set by the State of Idaho.

We provide the same quality of service to all our patients, though we are required by the State of Idaho to accept a considerably reduced fee for services to eligible Medicaid patients.

In order to continue to serve you under the Medicaid program, your cooperation is necessary.

1. We require you to be on time for your scheduled dental visits.
2. If you must cancel an appointment, please give at least 24 hours notice, as this time has been reserved specifically for you.
3. If unable to give adequate notice, we will allow one more appointment to be scheduled. No more than 2 cancellations on short notice will be allowed.
4. If an appointment is failed/missed or you don't show, there will be a \$25 "no-show" fee assessed to your account. We will allow one more appointment to be scheduled, however, in order to reschedule your child, you will have to pay the \$25 fee for each child. No more than 2 failed/missed or "no-show" appointments will be allowed.
5. We must have a current phone number or message phone number. As a courtesy, we will call to confirm your appointment the day before. If unable to confirm your appointment, you are still required to follow our outlined policy.
6. If unable to follow our outline of courtesy requirements, we will dismiss you as our patient, and will advise you to seek another dental office to continue your care. For 30 days we will be available for emergency treatment only while you locate another dental office.

Please help us continue providing services for _____ and those other patients under the Medicaid program. Compliance with treatment and appointments are in everyone's best interest. Thank you for choosing Children's Dentistry of Twin Falls for your child's dental needs.

I agree to these requirements _____
Parent/guardian signature date

Relationship to the child