

Medicaid Agreement



We would like to welcome you to Young Smiles Children's Dentistry, and hope to establish a good working relationship with you and your family. You may be aware that there are very few dentists in Fairbanks 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 Alaska.

We provide the same quality of service to all our patients, though we are required by the State of Alaska 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.

- We require you to **ARRIVE ON TIME** for your scheduled dental visits.
- If you cannot attend your scheduled appointment, please let us know as soon as possible. **WE REQUIRE TWO BUSINESS DAYS NOTICE TO CANCEL AN APPOINTMENT.**
- If an appointment is cancelled or missed without giving adequate notice, there will be a **\$50 FEE FOR SHORT NOTICE CANCELLATIONS OR MISSED APPOINTMENTS.** We will allow one more appointment to be scheduled, however, in order to reschedule your child, you will have to pay the \$50 fee for each child.
- **IN OFFICE SEDATION and GENERAL ANESTHESIA:** We require 2 weeks notice to cancel or reschedule a conscious sedation or general anesthesia case. Missed or short notice appointments will require a \$100 fee in order to reschedule.
- We must have a **CURRENT 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.
- 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 Young Smiles Children's Dentistry for your child's dental needs.

I agree to these requirements _____
Parent/Guardian Signature Date

Relationship to Child