

Dear Parent,

There are certain procedures not covered by dental insurance. These procedures vary from company to company. Each company provides each employee with an insurance booklet that explains the items for which they will pay and the items for which they will not pay. It is your responsibility to familiarize yourself with this booklet and the coverage your company provides for your child.

The fact that your company seeks to not cover a certain procedure does not mean that it is not important for your child to receive this procedure. It is generally a way in which your employer seeks to minimize the cost of the company's insurance program.

Dr. Templeton adheres to the American Academy of Pediatric Dentistry and the American Dental Association in her treatment recommendations. It is impossible for the doctor to know for what each company does pay or for what they do not pay. It is very important for you to familiarize yourself with your insurance booklet and your company's coverage.

If there are procedures that you do not want your child to receive, it will be necessary for you to release Dr. Templeton from any responsibility for any effects that requested non-treatment creates. It is also your responsibility to notify my staff of your desires so that proper notation can be made in your child's record.

I have requested Dr. Templeton to not perform the following procedures on my child:

I do not hold Dr. Templeton responsible for any detrimental effects that result from the procedures not being rendered that I have requested the doctor and staff of the office of Angela L Templeton, DDS, PC to not perform for my child.

I understand that certain dental procedures are not covered by my insurance. I want the procedures rendered that represent the standard of care as presented by the American Academy of Pediatric Dentistry and the American Dental Association. I agree to pay for any expenses not covered by my insurance. I understand that should there be a procedure that I do not want performed on my child that I must notify the office prior to my child's visit.

Signature of Parent or Guardian _____

Date _____