

Medicaid Practice Financial Policy

To the parents of our Medicaid (Medicaid, Caresource, Doral, Molina, Buckeye, Healthy Start, etc) patients...

The Medicaid system provides dental care for your children at no cost to you for fees that are covered by the Medicaid system. Dr. Sachin accepts Medicaid fees as a service to the community. These fees are usually 50-75% less than our regular office fees.

The Medicaid system does permit dentists to charge for fees that are not covered by Medicaid (Rule 5101:3-1-13.1) or for fees that have been denied by the Medicaid department. You may be asked to pay for these charges at the time of service.

The Medicaid department will not be billed for these services. Listed below are some of the *common* fees that Medicaid does not cover which you *may* be asked to pay for at the time of your child's dental visit. You will be informed of the cost of these fees prior to your child's treatment.

- Nitrous Oxide (laughing gas)
- Sedative Filling
- Tooth colored composite crown, anterior
- Extraction, coronal remnants - baby tooth
- Non-IV conscious sedation
- Pulpal therapy resorbable filling - anterior baby tooth
- Pulpal therapy resorbable filling - posterior baby tooth
- Recement Space Maintainer
- Remove Space Maintainer
- Recement Crown
- Hospital/Operating Room

Broken Appointments – Appointments are reserved specifically for your child. **A cancellation fee of \$25.00 will be assessed for broken appointments with less than 24 business hours notice.** After two broken appointments, our office reserves the right to schedule future appointments through our short call list only. Dr. Sachin reserves the right to discontinue treatment if 24 hours notice is not provided. In such cases, you will receive a letter that indicates that only emergency care will be provided for 30 days. After that time, you will need to locate another dentist.

I have read this paper and understand that I am responsible for some fees that Medicaid does not cover and understand the broken appointment policy.

Name of Patient

Patient's date of birth

Signature of Parent, Guardian or Personal Representative

Date