



BRAD C. HWANG, D.D.S., P.S. • KENNY K. HO, D.D.S., M.S. • SIMON LIN, D.D.S., M.S. • SUE CHOI, D.D.S.
ORTHODONTIST
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Your Child's Preventative Visit

At each preventative appointment our office does the services which are recommended by the American Academy of Pediatric Dentistry. The services are as follows:

<u>ADA Code</u>	<u>Description of Services</u>
D0120	Periodic Oral Evaluation
D0220	Intraoral-Periapical-1 st Film
D0230	Intraoral-Periapical-Each Additional Film
D0272	Bitewings-Two Films
D1120	Prophylaxis
D1203	Fluoride
D0330	Panoramic Film (done every 3-5 years)

These services are usually considered preventative services by the insurance company. **Your insurance may have limitations on the frequency for each of these services. In that case it is your responsibility to know the limitations of your plan and inform our office if you do not want any services done at the preventative visit that day. If the services are preformed and your insurance does not cover any of the services, it will be your responsibility to pay the cost.** As a courtesy to you, we have estimated what your insurance may pay for today's services based upon the information we received from your insurance.

I understand that the information given to me about my insurance is only an estimate. The exact patient portion is determined only after payment is received from your insurance company. I understand that it is my responsibility to track the dental maximum and know the plan limitations of my insurance. I further understand that the treatment recommendation is based on today's diagnosis and may change if the doctor feels it is in the best interest of my child's oral health. I have read and understand the above information and authorize Dr. Hwang and/or associates to perform the dental work listed above. **ALL PATIENT PORTIONS ARE DUE AT THE TIME OF SERVICE. A \$25.00 BILLING FEE WILL BE ADDED TO YOUR ACCOUNT IF NOT PAID AT THE TIME OF SERVICE.**

Signature

Date

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