

**MEDICAID PATIENTS
PLEASE READ CAREFULLY**

I understand that my child's continued dental treatment depends on me! I also understand and agree to the following conditions:

1. I Must have my child's Medicaid enrollment card at every visit, failure to present this card to verify eligibility at every visit will result in not being seen and this being considered a failed appointment .

IN ADDITION:

* If you fail an appt or do not give a 24 hour notice before canceling your child will be on a WALK-IN ONLY basis, which means arriving at 8:15 am and you will be worked in. **YOU MAY END UP WAITING SEVERAL HOURS.**

THANK YOU, MISSOULA PEDIATRIC DENTISTRY.

SIGN _____

DATE _____