

HOLLINGSWORTH & PILLANS, DDS  
3104 WEST HWY 22  
CORNICANA, TEXAS 75110

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MEDICAID VISIT POLICY

1. A parent or guardian must accompany & stay with any child 15 years old or younger. Please only 1 person/parent is to accompany a child to their visit.
2. The appointment time has been reserved for you. 24 hour notice is required for cancellations. After 2 missed appointments, you will not be given another appointment.
3. Please bring a copy of your Medicaid card to every visit. You will not be seen without it.
4. Please inform our office of any changes in phone number or address immediately.

Its is our goal to provide your child with the best possible dental care. The above policy allows our office to do so. Please read the visit policy above and sign below that you understand and will follow procedure.

Date: \_\_\_\_\_

Patients Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Witness: \_\_\_\_\_