

Our Commitment To You

We would like to take this opportunity to thank you for being an important member of our dental practice and to assure you of our continued commitment to excellence in providing dental care for you and your family. We appreciate your understanding in our efforts to maintain respectful guidelines for our practice to keep the caliber of care and service extraordinary.

Appointments

We pre-plan and prepare for your visit and hope you have done the same. Your appointment time has been reserved especially for you and we strongly encourage all patients to keep their appointments. When time is lost due to last-minute changes, other patients in need of treatment cannot be seen and your treatment is delayed, often resulting in negative consequences.

- Should any scheduling changes be required, we require at least a 48 hour advance notice to avoid a \$75.00 cancellation fee.

By initialing this section and signing below, you indicate that you understand and agree to these appointment guidelines Initial _____

Courtesy Reminders

We consider all appointments confirmed when they are made. As a courtesy, we make every effort to remind patients electronically (by text or email) prior to their appointments but please do not depend on this courtesy.

- Your appointment card will serve as confirmation and implies your obligation to be present at the prearranged date and time.

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Insurance

We are pleased that you have dental insurance to assist you with partial payment towards your dental care. As a courtesy, we are happy to file the necessary claims to help you receive the full benefits of your dental insurance at no additional costs. Dental insurance is different than most medical insurance plans and it is important to be aware of the following:

- Insurance is an agreement between you and your insurance company. The insurance relationship constitutes an agreement between the carrier, the employer and the patient. Our dental office is not a party to that contract. As such, we can make no guarantee of estimated coverage or payment. Please know that we will do everything possible to see that you receive the full benefits of your policy.

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Financial Arrangements

Dental treatment is an excellent investment in an individual's overall well-being. We are available to answer your questions and assist you in any way we can. We happily accept cash, check and credit cards. All financial arrangements must be made with a member of our team. Please be prepared to pay any estimated patient portion (co-pays) at the time treatment is provided.

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We appreciate your understanding in our efforts to provide you with a positive experience.

Print Name _____ Date _____

Patient/Guardian Signature _____ Date _____