

## 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 you 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 dental treatment cannot be seen and your treatment is delayed, often resulting in negative consequences. The doctor is also expecting to allocate the necessary time to take care of your dental needs.

- Should any scheduling changes be required, we require at least (48) hours advance notice by phone (not phone machine) to avoid a **\$100.00 cancellation fee per hour appt.**

### Courtesy Reminder Calls

We consider all appointments confirmed when they are made, however as a courtesy we make every effort to remind patients by telephone or text/email message or both prior to their appointment but please do not depend on this, **it is only a courtesy.** We have found that with the use of answering machines, cell phones, text messages and voice mails, some of our patients may not receive these reminder calls or may have not noticed them.

- If we are unable to speak with you directly, your appointment card will serve as confirmation and implies your obligation to be present at that pre-arranged date and time.

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

*Initials: \_\_\_\_\_*

### Insurance

We are pleased that you have dental insurance to help you with partial assistance in affording your dental care. As a courtesy, we are happy to assist you in filing the necessary forms to help you receive the full benefits of your dental insurance coverage at no additional cost. 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 dental 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 we will do everything possible to see that you receive full benefits of your policy and provide estimates that are as accurate as possible.

***By initialing this section and signing below, you indicate that you understand and agree to these insurance guidelines.*** ***Initials:*** \_\_\_\_\_

**Copy of X-Rays**

To all of our patients we will like to notify you that if you need a copy of your X-rays we could provide them to you in a CD. Due to HIPPA regulations we are unable to provide them to you by email.

\$25 fee for copy of X-rays for Insurance patients and cash patients

\$75 fee for copy of X-rays for Coupon Patients

**Financial Arrangements**

Dental treatment is an excellent investment in an individual's medical and psychological well-being. Financial considerations should not be an obstacle to obtaining this important, life-enhancing care, but we know they can complicate matters at times. We are available to answer your questions and assist you in any way we can. All financial arrangements must be made in advance with our Office Manager who will gladly assist you the best she can. Any and all payment agreements made to the practice will constitute a promise to pay which is a legally binding arrangement.

We accept cash, credit cards (Visa, MC, American Express and Discover). Please be prepared to pay any estimated patient portion co pays or payments at the time treatment is provided to ensure exceptional delivery of your services. There is a \$25.00 charge for any returned checks. In the event that your payment is not received within the (30) days of the due date there will be a 1.5% service charge per month. This is an annual percentage rate of 18%. All accounts which become (60) days delinquent will be sent to our collection agency and you will be responsible for all costs of collections, including but not limited to reasonable attorney fees.

***By initialing this section and signing below, you indicate that you understand and agree to these financial guidelines.*** ***Initials:*** \_\_\_\_\_

We appreciate your understanding of our office policies and hope to deliver a positive experience for you.

Patient Signature: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

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