



WELCOME TO OUR PRACTICE

We are happy that you have chosen our office to take care of your dental needs. Our goal is to positively impact you, our patient, through the improvement and maintenance of your oral health, and to provide you with an exceptional experience each time you visit our office. In order for us to best serve you, we have implemented the following policies in our practice.

FEES, INSURANCE & FINANCIAL POLICY

We are committed to providing you with the highest quality dental treatment available for your individual diagnosis or needs, at a fee that is fair to both parties. We make treatment recommendations based on what we feel is best for you, not on your insurance or lack thereof. While we will try to help you maximize your dental benefits, please understand that your well-being is our greatest concern. We will provide you with a treatment estimate prior to beginning any treatment, which will break down the expected dental insurance benefit, as well as your out-of-pocket expense. Ultimately, any costs incurred for treatment rendered are the patient's responsibility, regardless of what insurance pays.

A deposit of 50% of the total out-of-pocket expense is required to reserve an appointment for treatment; the remaining balance is due in full on the day of treatment. For your convenience, we accept cash, check, and all major credit cards. We are also proud to offer extended payment options through our financial partner Care Credit.

APPOINTMENTS

We realize that your time is valuable, and we make every attempt to see you on time. In order to provide you with the best care and experience possible, we reserve appointment times especially for you. Last minute cancellations and no-shows not only adversely affect our team members, but also other patients that could have been seen during your reserved time. As such, if you are unable to keep your reserved appointment, we require at least a 24 hour notice so that we may offer your time to another patient. We reserve the right to charge a \$50 missed appointment fee if proper notice is not given.

EMERGENCIES

We strive to eliminate all of the potential dental emergencies that you may have by providing treatment for you before it becomes a problem. In the rare instance that you do have an emergency, we want you to be assured that we will take care of you. Should you experience severe pain, bleeding or swelling, or break a tooth or lose a filling or crown in a visible area, please call our office immediately. We will provide you with the next available emergency appointment time, which we set aside daily.

I, the undersigned, acknowledge and agree to terms above.

Patient Signature _____ Date _____

Patient Name (Print) _____