

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 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.

- Should any scheduling changed be required, we request at least 24 hours advance notice to avoid a \$75.00 cancellation fee.

Courtesy Reminder Calls

As a courtesy, we make every effort to remind patients by telephone or email prior to their appointment, but please do not depend on this courtesy.

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

Insurance

We are pleased that you have dental insurance to help you with partial assistance in 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 insurance company. The insurance relation 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.

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

Financial Arrangement

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

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

HIPAA

The Health Insurance Portability and Accountability Act of 1996 requires that healthcare professionals give patients a copy of the office notice of privacy practice and make good faith effort to obtain and acknowledgement of the receipt of same.

By initialing this section and signing below, you indicate that you have received a copy of the office notice of privacy practice. Initial_____

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

Patient/Guardian Signature

Date