



## It's About Expectations...

We very much appreciate and value you as a patient in our practice. So that we may continue to have an excellent, mutually beneficial relationship, we would like to take this opportunity to reiterate our office expectations.

### As a patient of our practice, you can expect us to:

- ◆ Greet you in a friendly, professional manner.
- ◆ Seat you as soon as possible after your arrival.
- ◆ Outline the cost and explain any treatment before beginning.
- ◆ Strive to perform painless dentistry.
- ◆ Provide the most advanced dental procedures and materials.
- ◆ Maintain a clean office.
- ◆ Sterilize all instruments and disinfect all treatment rooms.
- ◆ Make you feel welcome and comfortable.
- ◆ Treat you with the utmost professionalism and personal attention.
- ◆ Assist you in processing your insurance claims not to exceed eight weeks.
- ◆ Remind you of your scheduled appointments two days in advance.
- ◆ Treat any friends and family you refer to us with the same friendly, personal attention.

### As a patient of our practice, we expect you to:

- ◆ Notify us of changes of your general health status, including any special needs that you may have.
- ◆ Arrive on time for your appointments.
- ◆ Keep your scheduled appointments. We do require a two business day notice for any appointment changes to avoid a \$65 cancellation fee.
- ◆ If you have dental insurance, pay your estimated portion at the time services are rendered.
- ◆ Keep us updated regarding changes in your personal information, such as address and telephone numbers.
- ◆ Provide us with current and accurate dental insurance information.
- ◆ If you do not have dental insurance, pay for your services in full at the time they are rendered.
- ◆ Feel comfortable referring your friends and family members to our office.

Dental insurance does not normally provide full coverage of your dental bill. Your dental coverage is a contract between you and your insurance company, and while we will cooperate to the fullest in expediting your claim, you are ultimately responsible for your account. **Your portion of the bill will be due at time of service.**

If your dental insurance has not paid within 60 days from the date of service, we will look to you for prompt payment of the account balance. All costs for collection of the account, should collection procedures or small claims court become necessary, will be passed on to the patient and/or the responsible party.

I understand that, due to any false information, I will be subject to criminal prosecution.

Parent Signature: \_\_\_\_\_

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