



SHARED COMMITMENTS

THREE IMPORTANT POLICIES

A policy is a written statement, which determines actions or activities of an organization. We have three important policies in our practice that we feel are important to share with you, our patient. We have put them into writing because we live by them and require that all our patients live by them as well. We realize that the institution of these three policies may be different from what you may be accustomed to in the past; however, we believe that they are very necessary. We ask you to read this page thoroughly and then sign it in the presence of the doctor or staff member to indicate that you understand these policies and agree to comply with them.

COMMITMENT TO TREATMENT POLICY

We believe that all treatment begun should be completed. Incomplete treatment leads to problems, complications, and misunderstandings. Incomplete treatment leads to loss of teeth and further disease. Therefore, this policy states that all agreed to treatment plans, once they are started, will be complete. Some treatment plans because of their design, take years to complete. However, to begin staged treatment, your commitment to both starting and completing treatment is required.

COMMITMENT TO APPOINTMENT POLICY

We reserve time for each patient in our practice. Because we know everyone values his or her time, we will do everything in our power to operate on schedule. An appointment written in our schedule with your name on it is a bond of trust that we will be here to serve you and you will be present for that appointment. We ask you to commit to arrive on time for your appointments. We charge for all cancellations made with less than a 48-hour working day notice. We ask that you contact our office directly for any appointment cancellations or changes, our office hours are as follows: M 7:30 a.m. – 5:00, T 7:30 a.m.-8:00p.m. W 7:30 a.m. - 2:00 p.m, TH 7:30a.m.-8:00 p.m., and scheduled one Saturday a month from 7:30 a.m. – 1:00 p.m. Your signature below indicates that we must have mutual respect for each other's time.

COMMITMENT TO FINANCIAL ARRANGEMENTS

We believe that we have a responsibility to use our best professional care, skill and judgement in planning for your dental treatment. The benefits and liabilities of neglect are always explained to you at your Review of Findings consultation. By signing below, you indicate that you agree to fulfill your financial commitment, including reasonable attorney's fees and costs of collection in the event of default, to our office promptly and completely. No business or practice can fulfill its mission to its patients when a bond of trust is violated by failure to pay for services rendered upon completion of treatment. Not living up to this trust violates this important business principle. If financial arrangements are necessary a 1.5% monthly interest fee is applied to remaining balances 60 days past due. We accept Cash, Checks, MasterCard, Visa and Discover, as well as Care Credit as forms of payment. If you are fortunate to have dental insurance benefits, we will complete your insurance form and submit it to your insurance company, as a courtesy to you. We are not responsible, however, for what your insurance company chooses to pay or reject. You are ultimately responsible to pay for any services provided to you.

Patient

Date

Doctor/Staff Member
