



## Our Commitment to You

We would like to thank you for being an important member of our dental practice. Also we would like to assure you of our commitment to excellence in providing dental care for you and your family. We appreciate your understanding in our efforts to maintain respectful guidelines in order for our practice to keep an extraordinary caliber of care and service.

**Appointments:** We consider all appointments confirmed when they are initially made by you. As a courtesy, we make reminder calls and send email reminders prior to your appointment. If we do not get a response from you, we will assume that you are aware of your obligation to be present at that prearranged time. Our entire team pre-plans and prepares for your visits. Your appointment time has been reserved especially for you and we strongly encourage all patients to keep their appointments and arrive on time. When time is lost due to last-minute changes, other patients in need of treatment cannot be seen and your treatment will be delayed as well. Should any scheduling changes be required, **we require advance notice of at least 48 business hours** to avoid a **\$50.00 cancellation fee**.

**Financial Arrangements:** Dental treatment is an excellent investment in your overall health and well-being. Financial considerations should not be an obstacle to obtaining this important, life-enhancing care. We are available to answer your questions and assist you in any way possible. As payment for services rendered, we accept cash and these major credit cards: VISA, MasterCard, and Discover. You may also discuss our in-house payment plan with our financial coordinator. All financial arrangements must be made in advance because **estimated patient portion copays are due at the time of treatment**.

**Insurance Benefits:** 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. **Insurance is an agreement between you and your 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 that we will do everything possible to see that you receive the full benefits of your policy. You will be asked to pay your deductible and an estimate of your portion of the charges at the time of treatment. Once we receive payment from your insurance company, we will send you a statement of any remaining balances on your account. If after 60 days there is no payment by the insurance company, payment will be due in full by the patient. Please let us know if you decline assignment of benefits, as in this case you will pay for services the day they are rendered and any payment from your insurance company will be then issued directly to you. If you have any questions regarding our policy or your insurance coverage, do not hesitate to ask one of our knowledgeable team members.

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

**Name of Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Patient, Parent, or Guardian:** \_\_\_\_\_

*"Our mission is to provide exceptional dental care for each and every one of our patients, while respecting each person's specific needs and desires." --- Del Sur Dentistry*