



Welcome and thank you for selecting our practice for your dental care. Our office is committed to providing you the highest quality dental care possible. In order to achieve this mutual objective, kindly observe the following guidelines.

Appointments are necessary to see the doctor. Our experience has been that it is difficult to accommodate walk-ins since it compromises the time and attention we can provide to those with pre-schedule appointments.

In case of an urgent situation, we will do our best to accommodate a visit on the same day. It is still important that you call the office in such a situation so that an urgent appointment may be scheduled.

Emergency coverage is available 24 hours. Please use it only in case of a real emergency. It is crucial to retain mutual respect and trust in the doctor-patient relationship.

Please notify us promptly of any changes in your health, address, phone number or insurance information.

Please be sure you are aware of your insurance company policies. Primarily, it is the responsibility of the patient to understand the insurance plan, work with the insurance company, and pay remaining amount after insurance coverage. We will help and guide you to the best of our ability.

All fee/co-pays are due and payable in full at the time of service. Dishonored check charge is \$25.00.

Your appointment time has been reserved just for you and enables us to provide excellent personalized dental care. Please arrive 10 minutes prior to your appointment to allow yourself time to check in with our office staff and update necessary information. Being late for an appointment may necessitate rescheduling.

There is no charge for a cancelled appointment if a 48- hour notice has been given. Failure to provide advance notification will incur a fee of \$50 and insurance does not cover this fee.

My signature below confirms that I have read and agree with these guidelines.

Printed Patient Name: _____

Patient or Guardian's Signature: _____

Date: _____