



PATIENT – DOCTOR AGREEMENTS

We would like to take a moment to welcome you to our office and to assure you that you will be receiving the very best care available for your condition. The purpose of this agreement is to allow us to more completely serve you and for you to get needed treatment on time. It is our experience that those patients who follow through with these agreements get the best results.

MISSING OR CHANGING APPOINTMENTMENTS:

The doctor will set up a specific course of treatment for you. A certain amount of time is reserved for you pre your request based on your treatment length. Thus in order to get the results we both desire and be respectful of the dental needs of other patients, we request notice of at least 24 hours in advance for cancellation of appointments. If you do not reach the receptionist you may leave a detailed message on the voice mail. If appropriate notice is not given, it will be considered as a “no-show” and a certain amount will be deducted from your account. After certain number of “no-show” no further appointment can be made and you would be considered as a “walk-in only patient”, who can only be seen by the doctor based on the availability of that day. We take our patient care very seriously and will work hard to achieve your treatment goals. **SCHEDULE YOUR LIFE AROUND YOUR HEALTH, NOT YOUR HEALTH AROUND YOUR LIFE.**

PATIENT PAYMENT:

We will expect you to honor the financial agreement you make with our office. Payments / co-payments are due at the time the service is provided. Upon your final visit your account must be paid in full or a current written financial agreement must be made n advance of your departure. We accept cash and all major credit cards. We also offer CARE CREDIT as an option. If the current arrangement becomes inconvenient for you, please see our front desk assistant so that other arrangements can be made in advance.

REFUNDS FOR UNFINISHED TREATMENT:

Please understand that if a patient decides to discontinue treatment after it has been started, a full refund will not be given. Individual circumstances may be discussed with the dentist.

COMMUNICATION:

Please communicate to us any upsetting matters. We are here to serve you. Your criticism will help us to help you as well as others.

Thank you, we appreciate your cooperation!

I, (print) _____ understand the above policy and agree to abide by it.

Signature _____

Date _____