



## Our Commitment to You

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

### Treatment

Our goal is to build long term relationships with you and to help you in a relaxed and friendly environment. We are committed to providing you with a thorough and complete understanding of your dental condition, so that you can make an informed decision about your treatment. What sets us apart is our many years of experience at helping patients to achieve their best health and function. In addition, we provide all of these services conveniently here at Beachwalk Dental. We want to assure you we will be with you every step of the way and welcome any questions you may have.

*By initialing this section and signing below, you will indicate that you understand and have agreed to these treatment guidelines.*

*Initial \_\_\_\_\_*

### Financial Arrangements

Dental treatment is an excellent investment in an individual's medical and psychological 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 we can. We happily accept cash, credit cards (Visa, MC, American Express and Discover) and Care Credit. All financial arrangements must be made in advance with a member of our team. Please be prepared to pay any estimated patient portion at the time treatment is provided.

*By initialing this section and signing below, you indicate that you understand and agree to these financial guidelines.*

*Initial \_\_\_\_\_*

### Insurance

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 at no additional cost. Dental insurance is different than most medical insurance plans and it is important to be aware of the following:

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 and payment. Please know that we will do everything possible to see that you receive the full benefits of your policy.

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*Initial \_\_\_\_\_*



#### Appointments

We pre-plan and prepare for your visit and hope that you have done the same. Your appointment time has been reserved especially for you and we strongly encourage all patients to keep their appointments. When time is lost due to last minute changes, other patients in need of treatment cannot be seen and your treatment is delayed, often resulting in negative consequences.

Should any scheduling changes be required, we require a minimum of 24 hours advance notice to avoid a \$75.00 cancellation fee.

#### Courtesy Reminder Calls

We consider all appointments confirmed when they are made. As a courtesy, we make every effort to remind patients by telephone or email prior to their appointment; but please do not depend on this courtesy. We have found that with the recent popular use of answering machines, cell phones, pagers and voice mails, some of our patients may not receive these reminder calls.

If we are unable to speak with you directly, your appointment card will serve as confirmation and implies your obligation to be present at that prearranged date and time.

*By initialing this section and signing below, you indicate that you understand and agree to these financial guidelines.* Initial \_\_\_\_\_

*We appreciate your understanding in our efforts to provide you with an extraordinary dental experience.*

Patient Signature: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

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