

Our Commitments

We feel it is important to share information with you on 'how and why' our practice prides itself on spending time with each individual patient and providing quality dentistry at reasonable costs. We do this by having both the office staff and patients abide by certain commitments.

COMMITMENT TO TREATMENT POLICY

Patient Signature	Date
We appreciate your commitment to your dental health and	your trust in us as a practice!
	(initial)
We will not move forward with treatment until you have a does not diagnose, render treatment or establish fees accordance based on the care, skill and judgment of the profession dental office dedicated to excellence. Please remember that company. We will file insurance claims as a courtesy to your esponsible for any amounts not covered by your plan.	rding to any insurance tables or allowances. Our fees als delivering the services, and the cost of operating a at we work 100% for you, not your insurance ou. Please understand that YOU are ultimately
COMMITMENT TO FINANCIAL AGREEMENT&INSURANCE POLICY (initial)	
the area.	
HOURS PRIOR TO A RESERVED APPOINTMENT. This	
soon as possible when unable to keep a scheduled appoint has an immediate need. A \$50 RESCHEDULING FEE WIL	
An appointment entered in our schedule with your name of and that you will be present for that appointment. Therefo	re, we request that our patients notify the office as
COMMITMENT TO APPOINTMENT POLICE	(initial)
needs to be completed. Rest assured that we would never	
We believe that once a patient has started treatment, it sho problems, complications, further disease, and more expens	* *
We believe that once a notion that stand treatment it she	uld be completed. Incomplete treatment leads to