

## It's About Expectations...

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We very much appreciate and value you as a patient in our practice. So that we may continue to have an excellent, mutually beneficial relationship, we would like to take this opportunity to reiterate our office expectations.

### As a patient of our practice, you can expect us to:

- ◆ Greet you in a friendly, professional manner.
- ◆ Seat you as soon after your arrival as possible.
- ◆ Outline the cost associated with any treatment before beginning.
- ◆ Strive to perform painless dentistry.
- ◆ Provide the most advanced dental procedures and materials.
- ◆ Explain the treatment being performed.
- ◆ Maintain and clean office.
- ◆ Sterilize all instruments and disinfect all treatment rooms.
- ◆ Do everything possible to make you feel welcome and comfortable.
- ◆ Treat you with the utmost professionalism and personal attention.
- ◆ Assist you in processing your insurance claims not to exceed eight weeks.
- ◆ Remind you of your scheduled appointments a day in advance.
- ◆ Treat any friends and family you refer to us with the same friendly, personal attention.

### As a patient of our practice, we expect you to:

- ◆ Keep your scheduled appointments. We do require a two business day notice for any appointment changes to avoid a \$95 cancellation fee.
- ◆ Arrive on time for your appointments.
- ◆ If you have insurance, pay your estimated insurance portion at the time services are rendered.
- ◆ If you do not have insurance, pay for your services at the time they are rendered.
- ◆ Provide us with current and accurate insurance information.
- ◆ Keep us updated regarding changes in your personal information, such as address and telephone numbers.
- ◆ Notify us of changes of your general health status, including any special needs that you may have.
- ◆ Brush and floss daily as recommended by our staff.
- ◆ See us regularly for exams and cleanings as recommended by our doctors and staff.
- ◆ Feel comfortable referring your friends and family members to our office.

Signed \_\_\_\_\_  
Patient

Signed \_\_\_\_\_  
Dr.'s Office

Date \_\_\_\_\_

Date \_\_\_\_\_