

## *WELCOME TO OUR OFFICE*

Thank you for choosing our office for your periodontal treatment. Our team is committed to providing you with the best possible care in a comfortable and professional manner. Please complete the patient registration form and medical history. Please list all prescribed and over-the-counter medications, as well as supplements.

### **Appointment Policy:**

We schedule appointments so that patients rarely have to wait past their scheduled times. For this reason, if you are 10 minutes late for your appointment, it may be necessary to reschedule that appointment to another time.

Your scheduled appointment is time that has been set aside for you in the office. We do not overbook our schedule. If you need to change an appointment, please do so at least 48 business hours in advance.

### **Financial Policy:**

Dental treatment is an excellent investment in your overall well being. Financial considerations should not be an obstacle to obtaining this important health service. We are sensitive to the fact that different people have different needs in fulfilling their financial obligations. Therefore, we provide the following payment options: cash, check, Visa, MasterCard, Discover and American Express.

### **Dental Insurance:**

Our knowledgeable staff will help you navigate the insurance process to ensure that you receive the maximum benefits. We will coordinate payments from you and your insurance company for your convenience. Insurance benefits are calculated based on current available benefits and eligibility – and are not a guarantee of payment. Ultimately, all fees associated with treatment are your financial responsibility.

Your signature below will be kept on file to assign benefits to this office.

While striving for the highest standard of care, our goal is to provide a trusting environment in which we work toward your optimum periodontal and overall health.

I, \_\_\_\_\_ have read and understand the above office policies and agree to abide by them.

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Signature

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Date