

## **APPRECIATED PATIENT LETTER**

## To Our Appreciated Patients,

Our practice is dedicated to providing quality, comprehensive dental care for your entire family in a comfortable, caring environment. We emphasize education and prevention as they are the key to optimal dental health. We value our patients' time and strive to make their concerns our priority. We also have a personal, professional and ethical responsibility to care for your health to the best of our abilities. Missed appointments and failure to comply with recommended treatment schedules or procedures prevents us from achieving our goal of optimum health for you.

With this goal in mind, the following policies must be agreed upon:

- 1. No-shows are not acceptable. Failing to attend an appointment not only compromises your health, but inconveniences other patients who may have requested an office visit during your scheduled time. If you cannot keep an appointment you are expected to call with 48-hour prior notice to reschedule (except in the case of an emergency). There is a \$75.00 fee for all no-show appointments, and this fee is not covered by insurance. This fee will be donated to Sister Carmen Community Center.
- **2.** We request that you be on time for your visits. If you are more than 10 minutes late, you may have to reschedule your appointment. In return, we will do our best to seat you as soon after you arrive as possible.
- **3.** If you miss an appointment we ask that you call to reschedule. It is critical to maintain consistent care in order to avoid setbacks in your oral health. This includes scheduling routine cleanings, diagnosed treatment and pain consultations.
- **4.** Treatment recommendations are based on your health **not** on your insurance or lack thereof. If you have insurance it is your responsibility to be aware of what your benefits are. Remember that insurance companies are not concerned about your health, nor do they make decisions with your best interest in mind we do. As a courtesy we will provide you with an estimate of benefits and payment. However, your benefits are a contract between you and your insurance company and you are fully responsible for any treatment performed. We cannot be responsible for what your insurance will or will not cover.
- **5.** It is our goal to eliminate the potential for dental emergencies by providing exceptional care for you before any problems arise. In the rare instance that you do have an emergency we will provide you with the next available emergency appointment.

In closing, our goal is to create an exceptional experience every time you visit our office. Please, feel free to discuss any issues that arise. No problem is too big or too small.

Yours in Health,

Dr. White and Dr. Pool

(Patient Name)

(Patient Signature)