

WE ARE GLAD YOU ARE HERE!!!

We are happy you have chosen us to maintain your dental health. We are very committed to our patients and will make every effort to accommodate you during your dental visit.

If you have insurance, please notify our front office. We will contact your insurance to verify your benefits. We do ask that you pay your percentage at the time of service, unless previous arrangements have been made. We have a variety of ways to help you with your dental care. We accept cash, check, major credit cards, debit cards, or Care Credit. A \$35 fee will be charged for any returned checks.

Any outstanding bills older than 90 days are subject to being sent to collections. All collection fees will be added to the account.

We are a caring practice and schedule your appointments to minimize your waiting time. Please be considerate and give a 24 hour notice if you are unable to keep your appointment. A \$48 broken appointment fee will be charged unless 24 hour notice is given.

We look forward to having you join our practice, and look forward to giving you the best dental care available.

I understand the above statements and hereby agree to all.

_____ Date _____

HOW DID YOU HEAR ABOUT US?

___ Friend _____

___ Newspaper _____

___ Internet _google_ _facebook_ _other_____

___ Other _____