

Pt. Pleasant Dental Spa

800 Ocean Road, Suite 2

Point Pleasant NJ 08742

(732)-899-0144

This year marks the beginning of many exciting changes in my/our office in an effort to improve service and quality of care for you so that you can regain and maintain your health as quickly, efficiently, and inexpensively as possible. I have a purpose – and that purpose is to get sick people well and to prevent the well from getting sick. I also have a personal, professional, and ethical responsibility to care for your health to the best of my ability. Missed appointments, the failure to comply with recommended treatment schedules and/or procedures, as well as other important office policies prevent me from achieving my goal of optimum health for you. If you cannot keep your appointments, adhere to my treatment recommendations, and comply with these policies which I have set forth below for your benefit, I may not be able to continue treating you in good conscience. Therefore, the following policies must be agreed upon:

1. Zero Balance office: Our office operates on a financial policy of each patient having and maintaining no personal monies owed to us. Therefore, all of our patients must have a personal cash balance of zero at the time of treatment. In this office, we do not bill patients, we only bill insurance companies should you have dental coverage in which case we will accept assignment of benefits for this portion of your bill. This means that you will never receive a bill in the mail from our office since all payments not covered by insurance are handled directly with you in the office either at the time or in advance of service. We have several financial options for payment available to all of our patients including our own In-House Insurance Plan. Please speak to our Treatment Coordinator _____ if you have any questions.

Initials _____

2. No shows and late cancellations: These are not acceptable. Failure to make an appointment or cancelling an appointment at the last minute not only compromises your health, but also inconveniences other patients who may have requested an office visit during your scheduled appointment. If you cannot keep your scheduled appointment except in the case of an emergency, you are expected to call within 24 hours of your appointment to reschedule the appointment. There is a \$75.00 fee for all no-show or late cancellation appointments, and this fee is not covered by insurance. All missed appointment fees are donated to _____ (Tomorrow's Children Fund/Children's Miracle Network/Make-A-Wish Foundation).

Initials _____

3. Lateness: Timeliness is required and expected of all of our patients. We will see you on time and get you out on time unless in the rare occurrence of a delay prior to your appointment due to a legitimate patient emergency which required our immediate attention. If you are more than 10 minutes late for a scheduled appointment, you may be required to reschedule your appointment.

Initials _____

4. Missed Appointments: If you miss an appointment you must make it up and reschedule it within 24 hours whenever possible. It is critical to your health to do so to avoid any setbacks in the care and maintenance of your teeth and gums.

Initials _____

5. Cleanliness and Infection Control: These are of the utmost importance to us. We have the latest sterilization technology and disinfect each treatment room after every patient. This is another important reason we demand timeliness of ourselves and you. We request that you brush your teeth prior to being seated in a treatment room. Toothbrushes, paste, mouth rinse, and floss will be provided for you if needed. *Initials* _____

6. Insurance Coverage: 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. Please be advised that insurance companies are not concerned about your health or well-being, but we are. We will provide you with an accurate estimate of benefits based upon our years of experience and interactions with your insurance carrier and based on your particular plan whenever possible. However, ultimately you are the one fully responsible for any treatment performed. Your benefits are a contract between you and your insurance company. We cannot be responsible for what your insurance will or will not cover. It is also your responsibility to immediately inform us of any changes or loss of insurance coverage to assist us in helping you in any way possible, while at the same time ensuring that there no problems or conflicts which may occur as a result.

Initials _____

7. Referring Others to Our Practice: Our policy is to make your experience in our office an exceptional one. When we succeed, we would appreciate you telling your family and friends about our office. Please speak to our Office Manager/New Patient Coordinator _____ about our Family Health Initiative Program/Friends and Family Program and other in-office patient referral rewards programs that we have available to our patients, their family, and their friends.

Initials _____

8. Upsets: It is our mission to ensure the complete satisfaction of all of our patients with the service and care they receive at our office. However, it is possible on occasion that there may be a misunderstanding or miscommunication between you and our office. We will do everything in our power to make things right by you should an upset occur provided you bring it to our attention in an appropriate, cordial manner at a time that we can give the matter the proper attention it deserves for effective resolution. You can expect that my staff will treat you with the same professional demeanor and efficiency as you would expect from them. Please see our Office Manager _____ to resolve immediately any upsets you may have with me, my office, or one of my team.

Initials _____

9. Emergencies: It is our goal to eliminate all of the potential dental emergencies you may have by providing care for you before it becomes a problem. In the rare instance that you do have an emergency, you have our assurances that we will take care of you in a timely manner. In order to do this, we would like to define for you what a true emergency is. Swelling, bleeding, severe pain that has kept you up at night or requires medication, or a restoration in a visible area that falls out are all considered emergencies. If you have any of these symptoms we ask that you call us right away. We will provide you with the next available emergency appointment. We do set aside time each day for emergency visits.

Initials _____

I greatly appreciate your cooperation, and thank you again for choosing our practice for all of your dental health care needs.

Yours in Health,

Dr. _____

Patient

Office Manager