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To My Valued Patient,

This year marks the beginning of many exciting changes in our office as an effort to improve service and quality of care. We want you to regain and/or maintain your health as quickly, efficiently, and inexpensively as possible.
We have a purpose, and that purpose is to help you achieve and maintain optimal oral health. We also have a person, professional, and ethical responsibility to care for your health to the best of our ability. Missed appointments, the failure to comply with recommended treatment schedules and/or procedures, as well as other important office policies prevent us from achieving the goal of optimal oral health for you. If you cannot keep your appointments, adhere to our treatment recommendations, and comply with these policies which we have set forth below for your benefit, we 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 monies owed to us. Therefore, all of our patients must pay their estimated co-pay for procedures at the time of the procedure. We bill the insurance companies for you should you have dental coverage. We understand sometimes we may have to bill after you have paid your estimated co-pay. This means that if you do receive a "balance bill" from us, it is a difference in what we estimated the insurance company would pay and what they actually paid. This balance is yours and must be paid in a timely manner to avoid interest charges, a $25 late fee and /or a $25 collection fee. We cannot and will not "write off" the difference, so please do not ask us to, as that is fraudulent. Initials_____
2. **No Shows and Late Cancellations:** These are not acceptable. Failure to come to an appointment or cancelling an appointment at the last minute not only compromises your health, but it also inconveniences other patients, the doctors and the staff. You are expected to call at least 24 hours prior to your appointment if you need to reschedule. We know there are emergencies that come up and unforeseen circumstances, which will be dealt with as they arise and on a case to case situation. All others will be charged a $75 fee for all no-show or late cancellation appointments. This fee cannot be submitted to insurance and is not covered by insurance. Repeat offenders may be placed on a same day only list or dismissed from the practice. Initials _____
3. **Lateness:** Timeliness is required and expected of all of our patients. We will do our best to take you back on time. Please understand that sometimes this is not possible due to a patient emergency that required our immediate attention. If you are more than 10 minutes late for your 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 most state-of-the-art sterilization technology and go above and beyond the state guidelines of disinfection of every room after every patient. This is another important reason we demand timelines on ourselves and our patients. We request that you brush your teeth prior to being seated in our treatment room. Toothbrushes, tooth 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 know what your benefits are. Please be advised that the insurance companies are not concerned about your health or well being, but we are. We will provide you with the most accurate estimate based on our years of experience and the information provided from your insurance company. The estimate we provide is just that, an estimate, and ultimately you are the one fully responsible for all treatments performed. Your benefits are a contract between you and your insurance company. We cannot and will not 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 ensure that no problems or conflicts 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 ask our Office Manager about patient referrals and what that means for you. We truly appreciate referrals and believe they should be rewarded. Initials_____
8. **Upsets:** It is our mission to achieve complete satisfaction in the service and care you 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. In order for us to do this, you need to bring it to the attention of the Office Manager in an appropriate, cordial, and timely manner so we can give your concern the time and attention it deserves for effective resolution. Our staff will treat you with respect and professionalism, but please give our staff the same courtesy. Initial_____
9. **Emergencies:** It is our ultimate goal to eliminate all the potential dental emergencies you may have by providing preventative care for you before it becomes a problem. In the rare case 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 dental emergency is. Swelling, bleeding, severe pain that keeps you up at night or requires medication, are all dental emergencies. If you have any of these symptoms, we ask that you call us right away. We will provide you with the available emergency appointment. We do set aside time each day for emergency visits. Initials_____

We greatly appreciate your cooperation, and thank you again for choosing our practice for all of your dental healthcare needs.

Yours in Health,

Helix Dental, LLP

_____ (PRINT NAME) _____ (SIGNATURE) _____/_____/ _____ (DATE)