

HOW WE DO BUSINESS

Our goal is to build a long term working relationship with you that is based on mutual trust. This can only occur if we both know what to expect of each other and we both keep our agreements.

Our commitment is to serve you with excellence by striving to be on time for our appointments, always treating you with care and dignity, giving you an estimate before treatment, and by providing you with the level of quality that we would give to our own family members.

We expect that you will arrive on time for your appointments, treat all team members with courtesy and respect, and value the services we provide by honoring your financial agreements and following our oral care instructions.

Please read the following information and sign below if you understand and agree to these office policies.

APPOINTMENT CHANGES

For each appointment you will be given an appointment card showing the time reserved for you. You will also receive a recorded phone confirmation and email or text message if you desire. There is no charge for appointments changed at least 48 hours in advance. For failed appointments or last minute changes there may be a charge of \$50 for hygiene appointments and \$50 per ½ hour for doctor appointments.

DENTAL INSURANCE

As a courtesy to you, we will bill your insurance for you. We will also provide you with an **estimate** of how much of your treatment your plan will cover based on the best information we have. Your insurance is a contract between you and your insurance company so we cannot guarantee what they will pay. Therefore, you are responsible for any of the services you receive that your insurance does not cover regardless of the estimate.

PAYMENT FOR SERVICES

For your convenience, we have several payment options for you to choose from. We ask that you decide how you want to pay for treatment before services are rendered. Any services that are not paid as agreed within 60 days will be assessed a finance charge of 1.5% per month (18%APR). Also accounts overdue 60 days may be sent to an outside service for collection for a service fee of \$75.

PHOTO RELEASE

We will be taking photos of your face and teeth as part of your diagnostic records. Dr Stafford would like to be able to use these photos for educational and promotional purposes. We do not provide compensation for the use of these photos and we will only use them with your permission. Please indicate your preference below.

- You may use any of my photos for the purposes described above.
- You may use only those photos of my teeth that do not reveal my identity.
- Please keep my photos completely private.

I have read and understand the above information.

Signature of responsible party _____ Date _____