

We are so happy that you have chosen our office to meet your dental needs. To make your experience a pleasant one we ask that you cooperate with us on some simple guidelines.

*PAYMENTS ARE DUE AT THE TIME OF SERVICE NO EXCEPTIONS WILL BE MADE.

*WE WILL FILE ANY INSURANCE THAT WE ACCEPT--PROVIDED YOU HAVE THE CORRECT INFORMATION TO DO SO AT THE TIME OF YOUR VISIT. THIS IS A COURTESY WE EXTEND TO YOU.

*YOU ARE RESPONSIBLE FOR YOUR BILL, IF YOU HAVE ANOTHER PARTY THAT IS TO BE RESPONSIBLE THEY MUST FILL OUT PAPER WORK AND SIGN IT STATING SO.

*WE ASK THAT YOU NOT BRING EXTRA PEOPLE WITH YOU TO YOUR APPOINTMENTS. CHILDREN CANNOT BE LEFT UNATTENDED IN THE WAITING ROOM. ALSO, ONLY ONE PERSON IS ALLOWED WITH THE PATIENT IN THE OPERATORY-- NO OTHER CHILDREN --OR ADULTS WILL BE ALLOWED BACK. NO EXCEPTIONS WILL BE MADE.

WE STRIVE TO MEET APPOINTMENT TIMES DESIGNATED TO PATIENTS, HOWEVER WE DEAL IN PEDIATRICS AND SPECIAL NEEDS --- DUE TO THIS FACT WE SEE MANY SMALL CHILDREN, SPECIAL NEEDS, AND ELDERLY PATIENTS ---OUR APPOINTMENTS DO NOT ALWAYS FALL ON SCHEDULE, AND WE APOLOGIZE FOR ANY INCONVIENCE THAT MAY CAUSE, AND ASK THAT YOU BE PATIENT.

*NO FOOD OR DRINK IS ALLOWED IN THE WAITING ROOM.

*NO CELL PHONES CAN BE USED IN THIS BUILDING.

*SIGN AND DATE _____