



D E N T A L

Michelle M. Espinoza, DDS

OUR COMMITMENT TO YOU

We would like to take this opportunity to thank you for being an important member of our dental practice and to assure you of our continued commitment to excellence in providing dental care for you and your family.

BY INITIALING THIS SECTION AND SIGNING BELOW, YOU INDICATE THAT YOU UNDERSTAND AND AGREE TO THESE APPOINTMENT GUIDELINES.

\*Appointments

We pre-plan and prepare for your visit and hope you have done the same. Your appointment time has been reserved especially for you and we strongly encourage all patients to keep their appointments. When time is lost due to last minute changes, other patients in need of treatment cannot be seen and your treatment is delayed, often resulting in negative consequences. We require at least a 24 hour advance notice to avoid a \$50.00 cancellation fee.

Initial \_\_\_\_\_

\*Courtesy Reminder Calls or Emails

We consider all appointments confirmed when they are made. As a courtesy, we make every effort to remind patients by phone or email prior to their appointments. If we are unable to speak with you or you to reply by email, your appointment card will serve as confirmation and implies your obligation to be present at the prearranged date and time.

Initial \_\_\_\_\_

\*Insurance

As a courtesy, we are happy to assist you in filing the necessary forms to help you receive the full benefits of your dental insurance coverage at no additional cost. It is important to be aware of the following:

\*\* Insurance is an agreement between you and your insurance company. The insurance relationship constitutes an agreement between the carrier, the employer and the patient. Our dental office is not a party to that contract. As such, we can make no guarantee of estimated coverage or payment. Please know that we will do everything possible to see that you receive the full benefits of your policy.

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\*Financial Arrangements

Dental treatment is an excellent investment in an individual's medical and psychological well-being. Financial considerations should not be an obstacle to obtaining this important, life-enhancing care. We are available to answer your questions and assist you in any way we can. We happily accept cash, credit card (VISA, DISCOVER AND MASTERCARD). All financial arrangements must be made in advance with a member of our team. Please be prepared to pay any estimated patient portion co-pays at the time of service.

Initial \_\_\_\_\_

We appreciate your understanding in our efforts to provide you with a positive experience.

PATIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_