

K.I.S.S. Dental Care

Greetings and a warm welcome to our office!

Thank you for choosing us to take care of you. We would like you to be as open and honest with our staff as necessary. Communication is very important for everyone involved. We want you to feel comfortable and we will try to make your experience truly unique. We have a personal, professional, and ethical responsibility to take care of your health to the best of our ability. We are asking you to make a pledge to your health as well. Please take time to read the following policy and procedures. Your signature is required at bottom to further show your commitment.

1. **Diagnosis**: It is of utmost importance that you completely understand your treatment diagnosis. It is okay if you need more information or visuals. Please understand that the Doctor or Hygienist cannot ethically withhold a treatment plan due to your personal situation. This is not a "Watch and Wait" office. All treatment planning is in your best dental interest, not ours.

2. **Radiographs**: Radiographs are crucial to properly diagnose treatment. The doctor cannot accurately diagnose problems or develop a treatment plan without the use of clear and up to date radiographs.

3. **Timeliness**: In this busy society, we know that your time is important. We expect that you will be on time for all your appointments as we make every effort to stay on time and get you in and out in the time you were promised. We request that you provide your mobile number to help us contact you during any unforeseen circumstances such as office closure due to snow etc.

4. **Pre-scheduling/Cancellations**: We pre-schedule our appointments and this time is especially reserved for you. A 48 hour notice to change any appointment is expected. This allows for everyone to get the proper amount of time with the doctor or hygienist as we do not double book either one. This will give an opportunity to other patients who will be happy to take that appointment. Any appointments cancelled or rescheduled without a 48 hours advance notice are subject to a broken appointment fee of \$35 per half hour. For Monday appointments, please call by the prior Thursday.

5. **Insurance**: 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. We will provide you with a "guesstimate" of benefits. However, you are financially responsible for any treatment performed. Your benefits are a contract between you and your insurance company. We are not responsible for what your insurance will or will not cover.

6. **Payment Policy**: Our office focuses on patient care as job #1. We request that all payments be made at the time when treatment is started. We are happy to offer payment options to you to be able to afford major treatment and pay at a comfortable pace. All patients are expected to comply with their financial agreement.

I have read and understood the K.I.S.S. Dental Care "Policy & Practice".

Patient Signature: _____

Patient Name: _____

Cell/mobile #: _____