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To my valued patient,

This year marks the beginning of many exciting changes in our offices in an effort to improve services and quality of care for you.

I have a purpose and that purpose is to get sick people well and prevent the well from getting sick. I also have a personal, professional and ethical responsibility to care for your health to the best of my ability. Missed appointments and failed to comply with recommended treatment schedules and/or procedures prevent me from achieving my goals of optimum health for you. If you cannot keep your appointments and adhere to my treatment recommendations, I will not be able to continue treating you in good conscience. Therefore, the following policies must be agreed upon:

1. No-shows are not acceptable. Failure to make an appointment not only compromises your health but inconveniences other patients who may have requested an office visit during your scheduled appointments. If you cannot make your scheduled appointment you are expected to call at least 24 hours prior. There is a \$50.00 fee for all no-show appointments and this fee is not covered by your insurance.
2. Timeliness is required. We will see you on time and get you out on time unless there is an emergency. We request that you be on time for your visits. If you are more than ten minutes late, you may have to reschedule your appointment.
3. Cleanliness and infection control are of utmost importance. We have the latest sterilization technology and disinfect each room after every patient. This is another important reason we demand timeliness of ourselves and you. We request that you brush your teeth prior to being seated in a treatment room.
4. If you miss an appointment you must make it up. It is critical for your health to do so to avoid setbacks in the care and maintenance of your teeth and gums.
5. We run a zero balance office. Therefore, any insurance co- payments are due at the time of your visit. Cash patients are an exception, and are expected to comply with their financial agreement with the office. You are responsible for your yearly deductible. Please speak to one of our office staff members if you have any questions regarding financing.
6. We appreciate your referrals.
7. Upsets. It's our company policy to ensure the complete satisfaction of all of our patients with the service and care they receive at our office. However, on the occasion that there may be a misunderstanding or miss communication between you and our office, we will do everything in our power to make things right by you. Provided you bring it to our attention in an appropriate, cordial manner at a time that we can give the matter the proper attention it deserves for effective resolution. You can expect that my staff will treat you with the same professional demeanor and efficiency as you would expect from them. Please see one of our staff members to resolve immediately any upsets you may have with my office or one of my team.

I greatly appreciate your cooperation.

Patient Signature

Office

Patient Name