



WELCOME TO OUR PRACTICE

Patient's Name and DOB

Thank you for entrusting us with your dental care. Our goal is to provide you with quality care in a friendly, comfortable atmosphere and in the timeliest manner possible. Please read carefully and initial where it requests your initials as well as please sign and date at the bottom of the page indicating your understanding of our policies and procedures. We will be happy to make a copy for you at your request.

Insurance Policies

First time visits are payable at time of service unless other arrangements are made in advance. As a courtesy to you, we will submit claims to your insurance company. For future visits, the patient's estimated portion is due at the time of service and is payable by cash, check, MasterCard, Visa, DISCOVER or Care Credit. Although we will try to be of assistance to you, it is the ultimate responsibility of the patient to understand his/her insurance coverage. Companies change insurance carriers, insurance policies may change and/or insurance company representatives do not always give us correct or consistent information. In the event of denials, errors, or non-covered services, the patient is responsible for all services rendered.

Patient or Parent/Guardian Initials

General Office Information

Our office hours are Monday, Tuesday and Thursday from 8 a.m. until 5 p.m., Wednesday and Friday from 8 a.m. until 12 noon. Monday, Tuesday and Thursday the office is closed for lunch from 12 noon until 1:30 p.m. You can schedule an appointment by calling during our regular office hours. When your condition requires urgent attention, we will make every effort to meet your needs.

We believe your time is as valuable as ours. We do our best to stay on schedule to avoid any delays to you. Occasionally, treatment may take longer than planned. Please assist us in our efforts to stay on time in the following ways. Please arrive on time for your scheduled appointment. If you are more than 15 minutes late, it may be necessary to reschedule your appointment for a later time.

NEW PATIENTS: Please arrive 15 minutes early to allow for time to fill out necessary forms. If paperwork was mailed to you in advance, please bring the completed forms, as well as your insurance card and picture identification to the office on the day of your appointment. Our patient care coordinators are required to keep patient demographic information as up to date as possible. Please furnish us with any changes on subsequent visits. This information helps us to serve you better.

Please realize that it is each individual's responsibility to keep track of appointments. If you need to reschedule an appointment, please give us at least 24 hours notice so that we may schedule another patient in the time slot previously reserved for you (especially 90 minute plus appointments). On occasion, we may not be able to reach you with a reminder call. If you do not cancel your appointment 24 hours in advance, a \$35 fee may be charged (except in cases of emergencies or illness) and is payable prior to future visits.

If you need to talk to Dr. Plantz, please make non-emergency calls during regular office hours when your records are available. Our patient care coordinator will take some preliminary information and let you know when to expect a return call.

 Patient or Parent/Guardian Initials

Dental Emergencies

If you call the office with an emergency situation after hours or on weekends, there will be an alternative phone number for you to contact Dr. Plantz. If you leave a message on the office answering machine, that message will not be heard until the next open business day. In a major emergency, you should go directly to the nearest emergency room.

 Patient or Parent/Guardian Initials

Minors

We require minor age patients to be accompanied by a parent/legal guardian so that medical history may be updated and treatment discussed and authorized. The parent/legal guardian signing the patient's chart will be responsible for the payment of services.

 Patient or Parent/Guardian Initials

Confidentiality Of Your Dental Records

All your dental records and any information you give any staff member are confidential. No information about you or your dental history will be released unless we have a written/signed authorization from you to do so, and must be updated every year.

 Patient or Parent/Guardian Initials

Your Suggestions Are Welcome!

Again, we appreciate you selecting our practice. Our entire staff is committed to providing you the highest quality dental care. Our goal is to do this in a pleasant environment with courtesy and attention to your individual needs. Please feel free to share your comments with any member of our staff. Your suggestions are most welcome.

Patient

Signature (Patient or Parent/Guardian)

Date