

Robert C. Graber, D.M.D., P.A.

To Our Valued Patient

This year marks the beginning of many exciting changes in my office, in my effort to improve service and quality of care for you, so that you can regain and maintain your health as quickly, efficiently, and inexpensively as possible.

Your commitment and cooperation are necessary to accomplish this mission. Therefore, the following policies must be agreed upon.

- 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 **15** minutes late, you may have to reschedule your appointment.
- Cleanliness and infection control are of the outmost importance. We have the latest sterilization technology and disinfect each treatment room after every patient. This is another reason we request timeliness of ourselves and you.
- Missed appointments prevent us from achieving the goal of your optimal dental health. A broken appointment also prevents other patients from receiving necessary care, while increasing the cost of delivering care for everyone. We ask you make every effort not to change or break a reserved appointment. If you must change your appointment, we require a minimum of **24** hours notice. A **\$50** charge will be applied to each broken/missed appointment, not to exceed \$100.00 per family per visit.
- Our office prides itself on making the very best treatment recommendations for your dental health. If you have insurance, it is your responsibility to be aware of what the dental benefits are and to inform our office if there are any changes to your dental coverage. Any remaining patient portion of treatment expenses is due at the time of the visit. As a courtesy, our office will submit to your insurance for you. In order to do this we require that you provide us with your insurance card at your next appointment. If your insurance is not one that we are contracted with, we can assist you with the paperwork provided that payment is received in full when services are rendered. Your insurance carrier will then reimburse you the contracted benefits.
- We run a Zero Balance office. Patients/parents/guardians are responsible for payments to be made in full prior to or at the time treatment is provided. We have several financial options available to accomplish this goal. Please speak to a member of our team if you have any questions.
- Our policy is to make your experience in our office an exceptional one. When we succeed, we would appreciate you tell your family and friends about our office. If your visit with us did not meet your expectations, please tell us. Your opinion matters and helps us identify the areas where we are doing well and where we can improve.

Signature _____

Date _____

Sincerely,

Robert Ceris Graber, D.M.D.