

To Our Appreciated Patient,

Welcome and thank you for choosing Parma Ridge Family Dental. This year marks the beginning of many exciting changes. Our Vision is to create a warm, welcoming and family oriented environment that offers quality dental health care. Our professional staff strives to serve our patients with compassion, respect and first class dental care. Our team is committed to providing each patient with the appropriate treatment to ensure them a lifetime of excellent oral health. We do our utmost to optimize patient comfort, to be attentive to our patients needs and to maintain an atmosphere of open and friendly communication. It is our goal to create a practice built on lasting relationships with friends.

Therefore the following must be agreed upon.

1. No shows are not acceptable. Failure to keep a scheduled appointment not only compromises your health but inconveniences other patients who may have requested an office visit during your scheduled appointment. If you cannot keep an appointment (except in the case of an emergency) you are expected to call before 24 hours of your appointment to reschedule. There is a \$50 fee for all no-show appointments and this is not covered by insurance.
2. We request that you be on time for your visits. If you are more than 10 minutes late, you may have to reschedule your appointment.
3. If you do miss an appointment we ask that you call to reschedule. It is critical to your health to do so to avoid setbacks in your oral health.
4. 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. Remember, insurance companies are not concerned about your health or well-being-we are. As a courtesy we will provide you with an estimate of benefits. This is ONLY AN ESTIMATE and at times can change. You are fully responsible for any treatment performed. Your benefits are between you and your insurance company. As a reminder, we cannot be responsible for what your insurance will or will not cover.
5. We strive to run a statement free office. In order to achieve this, we will require a portion of your out-of-pocket payment to secure your appointment. Please speak to a team member if you have any questions regarding financial options.
6. Emergencies: it is our goal to eliminate all of the potential dental emergencies you may have by providing care for you before it becomes a problem. In the rare instance that you do have an emergency we will provide you with the next available emergency appointment. We will do our best to see you that same day.

In closing, it is our goal to create an exceptional experience every time you visit our office. Please, feel free to discuss any issues that arise. No problem is too big or too small.

Yours in Health,

Dr. Rebecca Gecovich.

I have read and agree to the terms of the appreciated patient letter.

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(Patient Signature)

Print Name: \_\_\_\_\_