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**To Our Appreciated Patients,**

We have a purpose – and that purpose is to get sick people well and to prevent the well from getting sick. We also have a personal, professional, and ethical responsibility to care for your health to the best of our ability. Missed appointments and failure to comply with recommended treatment schedules and/or procedures prevent us from achieving our goal of optimum health for you.

If you cannot keep your appointments and adhere to our treatment recommendations, we will not be able to continue treating you in good conscience.

Therefore, the following policies must be agreed upon:

1. Please keep all scheduled appointments. Failure to arrive for a scheduled appointment not only compromises your health but it is unfair to other patients who may have requested an office visit during the time of your scheduled appointment. If you cannot make an appointment **(except in the case of an emergency)** please call within 48 hours of your appointment to reschedule. There is a $100.00 fee for all no-show appointments with the doctors and a $50 fee for appointments with the hygienists, and this fee is not covered by insurance.
2. Timeliness is expected. We will do our best to 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, we may have to reschedule your appointment.
3. Cleanliness and infection control are of the utmost importance. We have the latest sterilization technology and disinfect each treatment room after every patient. This is another important reason we ask for timeliness of you and ourselves. We request that you brush your teeth prior to being seated in a treatment room. Toothbrushes, paste, mouth rinse, and floss will be provided for you if needed.

4. If you miss an appointment you must make it up. It is critical to your health to do so to avoid setbacks in the care and maintenance of your teeth and gums.

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. Remember insurance companies are not concerned about your health or well being – we are. We will provide you with an estimate of benefits; however you are fully responsible for any treatment performed. Your benefits are a contract between you and your insurance company. **We cannot be responsible for what your insurance will or will not cover.**

6. We run a Zero Balance office. **We collect payment in full prior to or at the time treatment is provided**. We have financial options available for all of our patients. Please speak to anyone at the front desk if you have any questions.

7. In order to schedule an appointment with the doctors, we ask for 50% of the total patient out-of-pocket expense as a deposit and a signed financial agreement.

8. Our policy is to make your experience in our office an exceptional one. When we succeed, we would appreciate you telling your family and friends about our office.

9. We value you as a patient and want to ensure your complete satisfaction. If at any time you are unhappy with your experience, please bring it to our attention so we can offer a resolution.

10. 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 (by seeing you regularly at your dental checkups and cleanings). In the rare instance that you do have an emergency, we want you to be assured that we will take care of you. In order to do this we would like to define what a true emergency is. **Swelling, bleeding, severe pain that has kept you up at night or requires medication, or a restoration in a visible area that falls out are all considered emergencies.** If you have any of these symptoms we ask that you call us right away. We will provide you with the next available emergency appointment.

11. Notice of Privacy Practice & Dental Materials Fact Sheet. You have the right to review and secure a copy of our Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of your protected health information and your rights under HIPAA. Please understand that we reserve the right to change the terms of this notice from time to time and that you may contact us at any time to obtain the most current copy of this notice.

12. Minors (Under the age of 18) must be accompanied by parent or legal guardian.

In the case that a parent/ legal guardian is unable to accompany the minor, a

**written signed consent for treatment is mandatory**. We do not give out personal information except to the legal guardians or parents of minors.

13. **WE MUST INSIST THAT ALL PARENTS REMAIN IN THE WAITING ROOM WHEN THEIR CHILD HAS A SCHEDULED VISIT WITH THE DOCTOR**.

We greatly appreciate your cooperation.

Yours in Health,

Derry Dental Associates

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(Print Patient Name) (Date)

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(Patient/Guardian Signature)