

# APPRECIATED PATIENT LETTER

## To My Appreciated Patient,

This year marks the beginning of many exciting changes. Our vision is to create a warm and welcoming environment by providing patient-centered dentistry for healthy, beautiful smiles. We expect, every day, as your team of caring, honest professionals to earn the loyalty and trust of patients, who will in turn appreciate our value and time. We intend to be committed to providing our patients with quality and value through clinical and person excellences while being conservative and focused on individual needs.

Therefore, the following 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 appointment. If you cannot keep an appointment (except in the case of an emergency) you are expected to call within 24 hours of your appointment to reschedule. There is a \$100.00 fee for all no-show appointments and this fee is not covered by insurance. A portion of this fee will be donated to a charity of our choice. If you 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.
2. Timeliness is required. We will see you on time and get you out on time unless there is an emergency. If you are more than 10 minutes late, you may have to reschedule your appointment.
3. 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; however you are fully responsible for any treatment performed. Your benefits are a contract between you and your insurance company. As a reminder, we cannot be responsible for what your insurance will or will not cover.
4. We strive to run a Zero Balance office. In order to achieve this we require 50% of your total patient out of pocket expense to reserve any scheduled appointment. Please speak to Jennifer or Meghan if you have any questions regarding financial options.
5. 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.

In closing, our goal is 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,

Broadmoor Valley Dental Care

I have read and agree to the terms of the Appreciated Patient Letter.

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(Patient Signature)

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(Patient's Printed Name)

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(Date)

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(Staff Signature)