WELCOME TO ALVAREZ DENTAL, PLLC.

Thank you for calling. We appreciate your selection of this office to serve your dental health needs. Our goal is to provide the best possible dental care so that each of you may achieve optimal dental health throughout your lifetime. Our entire staff operates as a team. We take great pride in each staff member's training and capabilities. We want you to have the same confidence that we do and to let them serve you fully. So that we may better serve you, we ask you to spend some time reviewing this letter. We have tried to give you as much information about our office as is practical, and to anticipate your questions. We feel that the more you know about our methods of practice, the more we can be of service to you.

<u>Appointments</u>:

Please call – patients are seen by appointment only. We make every effort to be on time for our patients and ask that they extend the same courtesy to us.

Cancellation of Appointments:

If you cannot keep an appointment as scheduled, please notify the office at least 24 hours in advance. This courtesy on your part makes it possible to give an appointment to another patient who may desire to see the doctor sooner. A fee of **\$25.00** will be assessed if not cancelled 24 hours in advance.

<u>No Show Fees:</u> If after setting up your appointment, sending a reminder card and confirming your appointment you fail to show up a fee of \$25.00 per one half hour of your appointment will be assessed.

Initial Appointment:

Unless an emergency or some other reason, the first appointment will usually consist of all necessary x-rays and a thorough examination of the teeth and mouth. Further tests may be suggested on the next visit when an explanation of findings and one or more treatment plans will be suggested and discussed. If time allows the initial appointment will also include scaling and polishing of teeth and home care instructions.

Emergency Care:

We reserve a limited time each day so that emergency patients may be scheduled as quickly as possible. If you have a problem requiring emergency treatment, please call as early in the day as possible. For the most serious emergencies, we are always on call.

Fees and Payments:

Fees have changed. Payment is expected at time of service unless other wise arranged with the Office Manager. If treatment will require several visits, you will be given an estimate and asked to make financial arrangements with a member of our staff. Our receptionist will be happy to answer any questions regarding your fees and payments. If at any time a check is returned, you will be responsible for the returned check fee (\$25.00).

<u>Insurance</u>:

Please provide your insurance information on your first visit.

As a convenience to you we will submit all itemized services to your insurance carrier. Please remember that no insurance company attempts to cover **ALL dental costs**. It is your responsibility to pay any deductible, co-insurance or other balance not paid by your insurance. We will do our utmost to help you receive the maximum benefits available under your policy. Our receptionist will be happy to answer any questions about your insurance.

Recall: We cannot stress enough regular preventive dental care. When your treatments are completed, you have the option of receiving a recall card when it is time to return. On returning, please advise the receptionist of any change in address, telephone number, employment telephone number, marital status or insurance coverage. Also notify the doctor or dental hygienist of any change in your medical history so that it could be entered in your records.

Patient Signature

Date

Revised October 1, 2008