



Our Vision:

We invite patients who seek uncompromising honesty, integrity and consistency in a tranquil environment where we are committed to unrivaled dental care. We partner with patients who desire their smile to reflect their personal pursuit of dental health. Our team members exceed traditional standards by acting as ambassadors of oral health, encouraging patient education and enlightenment, while pulling together as a group who support each other to continue to excel.

The ultimate dental experience is our rule, not the exception.

To live our vision and to engage your partnership in the process, you'll need to know a few things that'll help keep everything flowing smoothly for you.

As a courtesy, we make an effort to contact you about your reserved appointment with us about two business days ahead of time. Ultimately, we believe our patients are responsible people who can remember their appointments, live up to their commitments, and arrive on time (avoiding fees of \$50 which are assessed when patients miss appointments without providing at least 24 hours notice). While a 10-minute window is a grace period, if you arrive past that, your appointment may need to be rescheduled and you may be subject to the assessment of the missed appointment fee. For your convenience, if you prefer a mailed postcard as a courtesy reminder of your reserved time with us, please inform us and we will happily arrange this service for you.

For your best care and to feel more relaxed, we'll sometimes arrange for payments to be made prior to the completion of treatment. We feel it's important that you focus on the care you're receiving and our patients find it to be more pleasant when the paperwork portion is behind them. For your convenience, we accept payment in the form of Cash, Check, and major credit cards. Returned checks are assessed a fee of \$30. To receive the care you need and deserve, convenient monthly payment arrangements may be made with CareCredit. As a courtesy to our patients electing to use benefit plans (insurance), we will bill your benefit provider for any treatment. Please note that full payment for services is expected on or before your treatment date for any fees not covered under your individual plan.

To maintain a tranquil environment, and for insurance purposes, we request that no children accompany adults or siblings into the treatment areas. We also ask that you be considerate of other patients and turn cell phones off or on silent when entering the back office area for treatment.

Thank you for partnering with us and supporting our Vision to provide you with the best care possible!

Signature _____