



APPRECIATED PATIENT LETTER

To My Appreciated Patient,

Our vision is to create a warm, welcoming and family oriented environment that offers quality dental health care. As your team of caring, honest professionals we expect to earn the loyalty and trust of patients, who in turn appreciate our value and our time. Our commitment to your well-being is demonstrated through patient education and by offering choices of available care, which will impact your health in a positive way.

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 48 hours of your appointment time to reschedule. There is a \$100 fee for all no-show appointments which will not be covered by insurance. This fee will be donated to St. Jude's Children Hospital and is matched by Crystal Coast Dentistry.
2. We request that you be on time for your visits. We also will make every effort to see you promptly for your scheduled appointment. If you are more than 10 minutes late, you may have to reschedule your appointment. We do sincerely appreciate your patience if we should encounter emergencies that prohibit us from seating you in a timely manner.
3. 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.
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 your benefits. 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.
5. We run a Zero Balance office. In order to achieve this, we require 50% of your total patient out of pocket expense to reserve an appointment for treatment with Crystal Coast Dentistry. Please speak to us 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 preventive care. In the rare instance that you do have an emergency, we will provide you with the first 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 of concern with our staff. We are here for you.

Sincerely,☐

Jeffrey H. Scott, DDS ☐

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

(Patient Signature)

(Patient's Printed Name)

(Date)

(Staff Signature)

11/13/2017