



Our Three Commitments to you

We have three important commitments in our practice. We have put them in writing because our team believes that these commitments are important in building the trust that it takes for us to successfully work together.

Commitment to Treatment

We are here to help you achieve your dental health goals. We know most dental disease is preventable, however once a problem is identified treatment should be completed in a timely manner. Incomplete treatment leads to unnecessary problems, complications, and increase in cost.

We understand that you would prefer the most conservative dental treatment, we are committed to helping you achieve that goal by working together as a team. We ask that you care for your dental health on a daily basis to the best of your ability and visit our hygienists on the recommended continuing care schedule to maintain and be proactive with your dental care.

Commitment to Appointment

Our team is invested and prepared to deliver the highest level of dental care to you and your family. Our commitment to you is to respect your time, we pride ourselves with keeping a timely schedule. We will reserve time especially for you in our schedule, to help us, we ask you please arrive on time for your appointment. If you are unable to keep your reserved time, we ask that you provide us two business days advance notice to avoid a fee.

Commitment to Financial Considerations

We collect payment at time of service. To help make it easier for you to manage your dental expenses, we have financing options available. We offer a 5% pay in full courtesy or 6 to 12 months interest free financing with extended options up to 60 months available through CareCredit or Wells Fargo. For those with no dental benefits we offer Smile Advantage. This is an in-house membership plan, which covers preventive care, radiographs, and extends a 10% courtesy on all treatment. Our team is happy to help you understand the specifics of your dental benefits, submit claims on your behalf, and maximize your plan benefits to the best of our ability.

Patient Name

Patient Signature

Date