



MISSION STATEMENT

Our goal and policy is to treat our patients as we would treat our families. We will always offer high-quality, friendly service in a gentle, caring atmosphere. Our patients are the heart of our practice and the reason we are here. At all times our patients will be treated with respect, dignity and compassion. Being of service to our patients is the definition of our purpose and the mission of our practice.

INSURANCE

OUR OFFICE FILES INSURANCE BENEFITS ONLY AS A COURTESY. Please be aware that insurance is an agreement between the patient and the insurance company. Therefore, the patient/primary policy holder is responsible for any unpaid balances. Questions regarding unpaid claims should be discussed with the patient's insurance carrier.

PAYMENT OPTIONS

Our office accepts all major credit cards (Visa, Master Card, American Express and Discover). We also offer lines of credit through Care Credit and Citi Financial. Please be aware that unless arrangements are made in advance, payment is expected when services are rendered.

Please note that some patients do not enjoy coming to the dentist. Therefore, we strive to give our patients a professional and relaxed atmosphere to make them feel more at ease. In order to maintain this level of comfort, we request all children have adult supervision and not be left unattended.

Patient Name _____ Date _____

Patient/Legal Guardian Signature _____

Witness Signature
