

140 PRESTON EXECUTIVE DRIVE, SUITE 200
CARY, NORTH CAROLINA 27513

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To our patients:

Thank you for your interest in your dental health and the appointment you have scheduled. We appreciate the confidence you have placed in us because we take great pride in providing our patients with the highest quality of dental care. Your supreme oral health is our goal.

Full payment is expected when services are rendered. If you have dental insurance we will be happy to file your claims as a courtesy to you so that you may be reimbursed. Our office policy is based on the fact that your insurance involves a legal contract between you and your insurance company. We advise you to become familiar with your benefits. Most dental insurance plans call for deductibles, yearly maximums, procedural co-payments and limitations. We do ask that you provide our office with a signed insurance form with the patient section completed. Please bear in mind that dental insurance is a separate policy from your medical insurance and it does not cover 100% of all dental procedures. We do not adjust our fees, for Delta Dental, United Concordia and Blue Cross & Blue Shield of the Federal Government, and for all other dental insurance companies UCR.

We are very concerned if you have or have ever been treated for the following: rheumatic fever, rheumatic heart disease, non-functional heart murmur, congenital heart disease or defects, mitral valve prolapse, prosthetic heart valve or endocarditis. If any of these apply to you, please call our office. It may be necessary to pre-medicate with an antibiotic for your health and safety.

We want to take this opportunity to reassure you that nothing is more important than the health of our patients. We observe controls required by the CDC (Centers for Disease Control) insuring that all dental instruments are completely disinfected and sterilized before each use. We use a steam autoclave in order to sterilize all instruments for infection control. We will be happy to answer any questions concerning these procedures.

We have reserved a special time just for you. We intend to be on time for our patients and we ask that you extend the same courtesy to us. A fee of \$25 will be applied for cancelled or missed appointments without a 24-hour notice unless it is an emergency.

Date: _____ Signed: _____