

OFFICE POLICIES

Please Read The Following

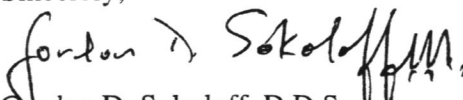
The establishment of a good relationship with our patients is of utmost importance. In order to render you the best possible dental treatment, it is important that there be a clear understanding of our office policies. This will prevent misunderstandings and unpleasantness in the future. Therefore, we request that you read the statements below and keep them in mind for the future.

1. Since we work on an appointment basis, **we ask our patients to give us between 24 & 48 hours advanced notice if they are unable to keep an appointment. We do charge for missed or broken appointments.**
2. Payment is expected when services are rendered unless special financial arrangements have been made in advance. We do accept Mastercard, Visa and American Express. **Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and not a substitute for payment. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charges.** Our insurance secretary will gladly submit your insurance claims for you. Please bring **completed** insurance forms with you for each visit.
3. For any collection efforts required on a patient's account, the patient will pay all costs of collection including reasonable attorneys' fees, court costs, as well as any other collection surcharges which may be applied.
4. We offer dental emergency service 24 hours per day, seven days a week for our patients.
5. We provide the optional use of nitrous oxide (laughing gas), fully loaded iPods with over 9000 musical selections to choose from and virtual vision glasses (movies & TV shows) to help make your visit with us more enjoyable. Other alternatives are also available for patients who are anxious or apprehensive. Please ask us for details.

We are determined to make your dental experience with us as pleasurable as possible. It is very important that there is excellent patient-doctor communication. If you have any questions, problems, suggestions, or concerns regarding your dental treatment, please feel free to discuss them with me or any other member of my staff.

We look forward to serving your dental needs. **WELCOME!**

Sincerely,


Gordon D. Sokoloff, D.D.S.

I have read and fully understand the above paragraphs.

Patient's signature