

# KIM M. ROSS D. M.D.

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## New Patient Guidelines

My staff and I welcome you to our dental practice. We look forward to providing you with quality dental care.

I would like to take this opportunity to convey "Our Philosophy of dental health and our services. With prevention and the "right treatment at the right time" we can expect you will maintain your natural teeth for the rest of your life.

You can expect from us:

- |                      |                                                                        |
|----------------------|------------------------------------------------------------------------|
| 1. <b>Excellence</b> | A high degree of professional skill.                                   |
| 2. <b>Comfort</b>    | Gentle and compassionate care.                                         |
| 3. <b>Fairness</b>   | Reasonable fees for our services.                                      |
| 4. <b>Timeliness</b> | Prompt and convenient appointments, which respects your busy schedule. |
| 5. <b>Concern</b>    | We will respond as quickly to your emergency.                          |

In turn we expect from you:

- |                          |                                                                                                                                                                                                      |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <b>Consideration</b>  | In making and keeping your appointments and a conscientious effort to schedule all recommended treatment.                                                                                            |
| 2. <b>Compliance</b>     | By remembering to silence all electronic devices and refrain from personal calls/texting while in treatment rooms.<br>And recognize that all <b>MINORS</b> must be supervised at all time by adults. |
| 3. <b>Commitment</b>     | Maintaining regular check-ups.                                                                                                                                                                       |
| 4. <b>Responsibility</b> | A <b>definite</b> arrangement for payment of fees at the time of service. (See our financial arrangement options)                                                                                    |

In order for our newly formed relationship to be mutual satisfying, we ask that whenever you have a question about YOUR treatment (proposed or preformed), fees or the attitude of the "Dental Team Person" that you discuss it with Dr Ross promptly.

Each patient is responsible for full payment at the time of services.

In the event that you are making financial arrangements, please keep in mind that treatment will be completed when payment is made in full.

We are a fee for service practice. At your request we will gladly provide you with an Attending Doctor's Statement for you to use in filing your own insurance claim.

Your appointment time is reserved for you exclusively; it is the policy of this office to charge a "Short notice cancellation fee" of \$99.00 per appointment, when we are unable to fill an appointment that was reserved for you.

Approval for use and permission for photography granted to the office of Dr. Kim Ross, with your consent.

SIGNATURE: \_\_\_\_\_

Responsible party understands and agrees to above office policy.

DATE: \_\_\_\_\_

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