



Meredith L. Stabley DMD

FAMILY DENTISTRY

Welcome! We aim to work together with our patients to establish a relationship of mutual respect and commitment to provide excellent quality dental care. We encourage you to ask questions and play an active part in your dental health decisions. We would like to make sure you understand the office policies we have established to ensure that we can best serve you and all of our patients.

Diagnosis:

Our office treatment philosophy is both preventative and comprehensive and follows the standard of care guidelines recommended by the American Dental Association (ADA). Through proper evaluation and diagnosis, we aim to prevent major dental concerns and achieve your best oral health. Exams and x-rays are very important to help us collect the information we need to give you the most thorough evaluation possible and are completed at certain intervals based on recommendations by the ADA.

If you have concerns about our exams and x-rays or any other treatment recommendations, we would be happy to answer any questions that you might have. Our team will not compromise ethics and practice below the standard of care due to patient demands. Patients who do not allow us to collect the necessary information and perform appropriate diagnosis will be dismissed from the practice. Treatment demanded by a patient that is not appropriate for the condition diagnosed violates our standard of ethics and will not be completed.

Appointments:

When you have treatment scheduled with us, we reserve that time just for you. In order to respect all of our patients' time and our time at the office, we kindly ask that you arrive on time for your appointment and if you need to reschedule your appointment, provide **at least 24 hours notice**. If you happen to have an emergency, we ask that you call ahead so we can make sure you are scheduled at a point during the day when we have enough time to give you the attention you need. We will try our best to accommodate walk-in patients but priority will be given to patients with scheduled appointments.

A history of tardiness or failed appointments undermines the mutual respect we value and will result in changes in the way you may be allowed to schedule in advance or ultimately in dismissal from the practice. Other behavior that is disrespectful to other patients or staff will also result in dismissal.



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Insurance:

As a courtesy to our insured patients, we will submit claims to your provider for you. We will try our best to help you understand your benefits and maximize them each year. In order to do this, we ask that you provide us with accurate, current insurance policy information and notify us of any changes when they occur.

Our office will diagnose the conditions present and recommend the best treatment options for your optimal dental health. Treatment recommendations are not based on your insurance benefits and many times the benefits may not cover your needs. It is not a guarantee of payment. In fact, dental insurance is not really insurance at all. An insurance is a payment to cover the cost of a loss whereas dental insurance is actually a money benefit, typically arbitrarily chosen by someone else as a benefit for you and your family, to help cover the cost of routine and basic dental care.

Our office will help you understand and utilize your benefits, but it is ultimately the responsibility of the patient to deal with the insurance company. Any treatment costs not covered by the defined benefits provided by the policy are the responsibility of the patient.

Financial Agreement:

Patients are expected to pay for our services at the time they are rendered. Our patients who have dental insurance benefits are expected to pay the deductible and estimated co-payment at the time of service. For your convenience, we accept payments of cash, personal check, and certain major credit cards. Additional fees may apply for returned checks and accounts with a past due balance of 60 days.

We want to help all of our patients get the best care that they deserve so if you have financial concerns, please address them before beginning treatment so together we can figure out a solution to accomplish this goal.

I HAVE READ, UNDERSTAND, AND ACCEPT THE OFFICE POLICIES DESCRIBED ABOVE. I UNDERSTAND MY RESEPNABILITES AS A PATIENT OF THE OFFICE.

Patient Signature: _____ Date: _____

Printed Name: _____