

119 East Main Street
Gouverneur, NY 13642



www.nfgdds.com
315-287-7900
315-287-4789 (fax)

Nicholas F. Gardner DDS □ General Dentistry

We are establishing a relationship, you as our patient and us as your dental health care team. To eliminate or minimize misunderstandings here are our clear expectations of how this new relationship shall be established. This agreement is based on our mutual respect concerning:

1- Time:

We as an office will value your time by scheduling appointments in as convenient a manner as possible for your circumstances and by promptly seating you for and providing your treatment.

You as a patient will value our time by providing advanced notice of your need to reschedule or cancel an appointment, by minimizing the number of times an appointment needs to be changed and by arriving promptly for your reserved time with us.

Persons arriving ten or more minutes late for a reserved appointment will be rescheduled. A person that reschedules, with less than 24 hours notice, two consecutive appointments or three appointments in a 6 month period will be seen only on a short notice status. This means that we will no longer reserve appointment time for you in advance. You can contact us for an appointment time and if one is available that day you may be scheduled into that reserved time.

Any time that a person does not arrive for their reserved appointment time without notifying our office team a serious breach of trust has occurred. If this becomes a pattern of behavior and a second appointment is missed in a similar fashion you will be seen on an emergency basis for 30 days from the date on the written notification of dismissal from the practice.

2-Health/Treatment:

We as a group will dedicate ourselves to helping you achieve optimal health while respecting all of the many influences that impact you and your ability to achieve or maintain the health that you and I, as partners, define for you. Additionally all the treatment that we provide to you will be of the finest quality we are capable of.

You as a patient will also dedicate yourself to reaching and maintaining dental and overall physical health as you and I have defined it for you. You will accomplish this by completing treatment that you have agreed to and through compliance to the hygiene habits taught by Dr. Gardner and the team.

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3- Money:

All of us can agree that money is a vital part of our daily lives and that a hard earned dollar is not something to be parted with foolishly. Our agreement with you in regards to money is simple.

We will provide for you with our very best skill, judgment and care at a fair measure.

You in turn will meet your obligation by making timely payment for the services provided.

While we will have a relationship with the insurance company that provides your dental benefit, the relationship that we really value is the one that we have with you; as such we want to be clear about our expectations.

Payment in full for services provided with in a reasonable time frame. As a courtesy to you we will verify your dental benefits and accept payment from the company that provides you with this benefit. It is your responsibility to settle all accounts with us for services provided, with in 60 days of said provision of service, regardless of the actions taken by your dental benefits company.

Any payments that are your responsibility above and beyond the terms of your dental benefit plan will be expected at the time of service, this includes unmet deductible and co-payment amounts.

The terms of your benefit plan are important and can impact how you approach your care. It is in your best interest to understand the policy that dictates payments from your benefits company. Please keep in mind that your health is my top priority, your dental benefits company can make no such statement. I encourage you to be familiar with your plan, without letting your benefits dictate how we set your treatment goals. In order to assist you in obtaining affordable care we have a number of ways to structure the collection of our fees. The next page of this document outlines the ways we can help you receive the care that is most appropriate for you.

Patient Name

Date

Signature

Self/Parent/Ward
Circle One

Witness

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We strive to offer payment options for our services that are as convenient as possible while at the same time maintaining operation of our office in the highest standard of comprehensive care. At the onset of your treatment, we will provide you with an estimate of the total fees expected.

Please understand that it will be an estimate only. Should the need for additional treatment arise during the course of the original treatment plan, the total fees could change. Please be assured that we will notify you of any change in the total fee and obtain your approval prior to proceeding with treatment.

Please take a moment to review the current financial options available through our office. Should you need assistance with financial options at any time, my staff will be available upon your request. Keep in mind more than one option may be used to help fund your smile goals.

Payment in full by cash or check on the day of each visit is always an option. To demonstrate our appreciation for patients, who are prompt with full payment, we will extend a five percent (5%) reduction of the day's fee when paid in full on the day that treatments rendered. We will also apply a five percent (5%) reduction for our senior citizen patients, 65 and over. We can not extend this courtesy for insurance copayments.

You may use your credit card to make payment. We gladly accept MasterCard, Visa, Discover and American Express.

Payment can be made in installments for certain procedures. You can begin your treatment with an initial down payment of fifty percent (50%). The remaining balance is divided into two monthly installments. Special arrangements can be made with our Office Manager to extend the installment period. Some treatment is performed over many months to years and for this type of plan we can offer longer terms for payment.

We will gladly bill your dental benefits company for services. If necessary, we will submit a pre-determination of benefits request to your carrier prior to treatment. This allows us to obtain an estimate of your dental benefits and the amount your dental plan expects to be your responsibility. The fees for all treatment rendered are your responsibility. In the event that your carrier delays or denies payment we will expect that you will promptly complete payment for services provided. Your dental benefits plan is an agreement between you and the insurance company we have no such agreement with most companies and bill them as a convenience to you, our valued patient.

Again, please feel free to contact any of our team to assist you with questions regarding the payment option plans described above.

Thanks!

Doctor Nick