## DALE A. ROLANDO, D.M.D., F.A.G.D. SUE E. ROLANDO, D.M.D., P.A.

## OFFICE POLICY

Our goal is to provide our patients with quality dentistry. We will work with you as team members to help you achieve your goal of dental health.

You, our patient, are responsible for 90% of the success of any treatment. EXCELLENT HOME CARE is imperative to not only maintain your dental health, but also to help prevent future problems. Keeping your scheduled appointments for treatment and regularly scheduled continuous-care follow up appointments are vital. Without them, treatment can not be done to help achieve, and then maintain, your goal of dental health.

Scheduled appointments are time our office has reserved especially for you, our patient. Illness and family emergencies do occur with everyone, including our office. These are unforeseen and unavoidable situations. However, except for emergency situations failure to keep a scheduled appointment for failure to provide a minimum of 24 hours notice is needed to cancel an appointment and will result in a \$60.00 cancellation fee per scheduled hour appointment. A non-refundable financial deposit will then be needed prior to beginning any dental treatment. This deposit will be credited toward treatment rendered. Also, we will no longer accept insurance assignment of insurance benefits. You will need to pay us, allowing the insurance company to reimburse you. Failure to keep three scheduled appointments will result in dismissal from our practice.

WE WILL DO OUR BEST TO CONFIRM YOUR SCHEDULED APPOINTMENT ONE DAY PRIOR. HOWEVER, ULTIMATELY THE RESPONSIBILITY LIES WITH YOU TO KEEP YOUR APPOINTMENT.

Patient	Signature	78 (4)	Date