

Office Policies

Please take your time to review the following patient agreements and sign and date at the bottom. Your signature simply shows your willingness to participate in a wonderful relationship with the lifelong potential of a beautiful and healthy smile.

1. **Missed appointments.** Failure to show up for a scheduled appointment not only compromises your health but inconveniences other patients who may have requested an office visit during your scheduled appointment. Except in the case of an emergency, you are expected to call the office directly within 48 hours of your appointment if you need to cancel or reschedule. **There is a \$50.00 fee for all missed appointments; this fee is not covered by insurance. A portion of this fee will be donated as a charitable contribution to Save the Children. Visit their website at www.savethechildren.org**
2. **Timeliness is required.** We will see you on time and get you out on time unless there is an emergency. We request that you be on time for your visits. If you are more than 10 minutes late, you may have to be rescheduled.
3. **Insurance:** Treatment recommendations are based on your specific dental health needs; not on your insurance limits or lack thereof. If you have insurance it is *your* responsibility to be aware of what your benefits are. Remember, insurance companies are not as concerned about your health or well being as we are. We will provide you with an estimate of benefits; however, you are fully responsible for any treatment performed. Aside from a limited number of insurance companies with whom I am a participating provider, benefits are solely a contract between you and your insurance company. We cannot be responsible for what your insurance will or will not cover.
4. **We run a Zero Balance office.** We expect payment in full prior to or at the time treatment is provided; for those with insurance, we expect your patient portion of what is not covered at the time of treatment. We do have savings and payment plan options available for all of our patients. Please ask us for more details!
5. **Our aim is to make your experience in our office an exceptional one.** When we succeed, we would appreciate if you would tell your family, friends and coworkers about our office. We could not be happier than to help out those who are important to you. A thank you gift may be presented to you for your help.
6. **Upsets.** It is our company policy to ensure the complete satisfaction of all our patients with the service and care they receive at our office. However, it is possible on occasion that there may be a misunderstanding or miscommunication between you and our office. We will do everything in our power to settle the situation provided you bring it to our attention in an appropriate, timely and cordial manner at a time that we can give the matter the proper attention it deserves for effective resolution. You can expect that my team will treat you with the same professional demeanor and efficiency as you would expect from them.
7. **Emergencies.** It is our goal to eliminate all of the potential dental emergencies you may have by providing care for you before it becomes a problem. In the rare instance that you do have an emergency we want you to be assured that we will take care of you. In order to do this we would like to define what a true emergency is. Swelling, bleeding, severe pain that has kept you up at night or requires medication, or a restoration in a visible area that falls out are all considered emergencies. If you have any of these symptoms we ask that you call us right away. We will provide you with the next available emergency appointment. We do set aside time each day for emergencies.

I greatly appreciate your cooperation.

Yours Sincerely,

Dr. Richard Pyun, DMD

Patient: _____

Date: _____