David M. Miraglia, D.D.S. 45 North Avenue Webster, NY 14580 (585)872-1180 Fax: (585)872-2908

Dear Patient,

We would like to welcome you to our dental practice. The information below will help answer some of the questions you may have regarding our policies and procedures. Please take the time to read it.

We have enclosed a registration and medical history form for you to fill out and bring with you to your appointment. This will save you time at the office.

Our office hours are Monday – Thursday 8am to 5pm. Emergency coverage is available during non-appointment office hours. For your benefit and ours, we work by appointment. We are often called upon to treat emergencies in the office which can affect our appointment schedule. However, we try our best to maintain a punctual schedule.

We are blessed with a very busy practice. As a result appointments are at a premium. We understand that the need to change appointment arises; however, we appreciate 48 hour notice to cancel or change appointments so that someone else may have your time. Please note that we reserve the right to charge \$35 for appointments missed or canceled without 48 hours prior notice.

Please bring or have your previous dentist send recent (within three years) x-rays. This can save you the cost and radiation involved in taking new ones.

Our fees are determined by the procedure and its complexity. They are the same for all patients, whether or not they have insurance. Non-insured patients are expected to pay in full, with cash, check or credit card the day the service is rendered unless specific arrangements are made in advance. Payment plans can be arranged. Interest is not charged unless a payment is not received in any thirty day period. In those cases, the annual service charge is 18% (1.5% per month), with a minimum charge of \$4.00 per month. We do accept VISA, MasterCard and Discover cards. Please do not hesitate to discuss our fees with us.

For your convenience, we will submit our charges to your insurance company. However, we consider the patient or accompanying parent, responsible for the account. Remember, the insurance contract is between you the insured, and the insurance company. We cannot be responsible for any disputes with reimbursements. After 60 days, the balance will be due. Also, it is up to you to determine what coverage you have, what percentage it covers and what deductible or limit you might have. We cannot and do not know the coverage of every policy. Please bring insurance information and appropriate forms with you to the first appointment only. We will enter it into our computer and keep it on file for you.

Once again, welcome to our practice and be assured that we will work hard to gain our trust and confidence. We will listen to you and answer all of your questions. We look forward to meeting you.

	D	r. David M. Miraglia
Patient Signature:	Date:	