

## **OFFICE POLICIES**

### **1. TREATMENT PHILOSOPHY:**

•At Michael Dental Care, our utmost goal is high quality dental care utilizing the latest dental technologies in a spa-like environment. We believe each patient should be treated as a person, with attention paid to their individual needs while providing the appropriate dental care they require. We provide every patient a thorough examination and study of their dental problems, explain our findings in detail and discuss various treatment options in clear and understandable terms.

**If you feel that we have not achieved these goals to your satisfaction, please let us know so we can best serve you.**

•We have a mutual relationship with our patients, and often, the success of your dental treatment requires conscientious cooperation on your part. We will treat you to the best of our abilities but ask that you follow our recommendations to the best of your abilities.

•Dentists exist because even under ideal conditions, our natural teeth can fail over time. Dental work to rehabilitate failed natural teeth, even under ideal conditions, possesses a finite service life as well.

•Nothing is as strong as your natural teeth, period! By educating you on prevention, conservation and proper maintenance of your teeth and dental work, we hope to help you have a happy, healthy lifelong smile!

**2. APPOINTMENTS:** **Your time is important to us and we are an "ON-TIME" practice.** We value your time by running on schedule and we ask that you value our time by arriving promptly to your appointments.

•We reserve appointment time especially for you. We DO NOT "double-book" appointments.

•If you are more than 15 minutes late for an appointment, your visit will need to be rescheduled.

•**If you do not show for an appointment, or, cancel without 24 hours advance notice, a \$50 charge will be incurred.**

**3. X-RAYS: According to the Connecticut Standard of Care, we DO NOT treat patients without X-rays.**

This includes x-rays at your initial visit, as well as check up visits, to help determine tooth and supporting bone health.

•Your x-ray frequency will be based upon your risk for cavities and gum disease. This frequency ranges from every 6 months for high risk patients to every 36 months for low risk patients.

•We utilize high-tech digital x-rays and protective shields to reduce your radiation exposure up to 90%.

**4. TREATMENT PLANS:** You will be provided a treatment plan of your dental needs listed sequentially along with our fees prior to your appointments. It will provide insurance *estimates* regarding your dental care.

•Where options exist for treatment, you will be given both professional recommendations and educational information needed to make an informed decision regarding your condition including treatment risks, benefits and alternatives.

•Your treatment is ultimately decided by you.

**5. INSURANCE:** We prepare and submit insurance claims to most insurers as a courtesy to our patients. Often, estimated coverage or insurance payments are less than anticipated.

•Many plans "downgrade" codes (pay less than estimated) or have deductibles which are paid out of pocket.

•Please be aware that while most insurers pay for cleaning visits at 100%; more extensive dental work is covered only at 50-80% - you are responsible for the uncovered portion at the time of treatment.

•If you require the exact fee that you will be responsible for prior to your visit, you must contact your insurance co. directly and provide them with the procedure codes listed in your treatment plan – we provide estimates only.

**6. EMERGENCY CARE:** We try our best to provide 24 hour emergency care to our patients of record. We do not provide "in-office" hours between the hours of 9pm to 6am, but are available for phone consultations during this period. In rare circumstances MDC doctors may not physically be available for patient emergencies; however, we will make arrangements for affiliated doctors to see you in their office. Emergency care, as a last resort, is available through non-affiliated Yale New Haven Hospital.

**7. FEES:** There is a \$50 fee for appointment "no shows" or "cancellations without 24 hours notice" of your visit.

•There is a fee for returned or "bounced" checks. •There is an after-hours emergency fee separate from any treatment.

**8. FILLINGS:** **Due to the tooth conserving nature of composite fillings (tooth-colored), we do not use or offer mercury-based silver fillings as treatment options.** If you require such a treatment option, we will provide proper referrals so you may find the care you seek.

**9. REFERRALS:** Often, patient dental needs exceed our scope of general dentistry practice. We will recommend dental specialist care and offer a choice of referrals with our recommendations.

**10. TEACHING/CE:** To provide the best and most advanced dental care, MDC dentists both teach part-time and actively participate in dental continuing education. Sometimes, these responsibilities conflict with patient care. We apologize if a scheduled visit needs to be changed due to these circumstances.

I have read and understand the MDC office policies and by signing below agree to be bound by its terms:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_