

Esplanade Dental Care

Sherif Albert, DDS, PC

Thank you for giving us the opportunity to help you achieve your dental goals. My staff and I will strive to deliver the type of service and atmosphere that you should expect from a superb dental office. To do this we ask for your help. We value your opinion and appreciate hearing about the things you like and about the things we could improve to better serve you.

The following policies were established to minimize expenses and enable us to better control fees:

Financial Policy:

1. If you have any questions about fees for planned treatment, please ask us because it is your right to have any questions answered.
2. We accept cash, checks, and major bank cards (MasterCard, Visa, and Discover).
3. Dental Insurance: We will file your insurance forms as a courtesy. Any balance above and beyond the estimate provided that is not paid by the insurance company will need to be paid at the time service is rendered.

Reservations:

Your reservation time has been reserved just for you. If you cannot keep your reservation, we ask that you kindly give us two business days notice so that we will be able to fill your time slot. Otherwise, our office policy is to charge a fee that covers expenses incurred by failed reservations. Exceptions are occasionally made, but are less likely the less notice we are given or the more often reservations are missed.

Photography:

Dr. Albert often takes photos to better explain certain aspects of your existing and/or planned treatment. We request your permission to show these photographs to better explain treatment options to other patients. These photos from time to time will also be used for continuing education purposes for other dentists.

My signature acknowledges that:

All questions have been answered truthfully and completely,
Photographs of me may be used for educational purposes as stated above,
I understand the office policy with keeping appointments, and
I understand and will comply with the office financial policy.
I give my consent for treatment.

PATIENT'S SIGNATURE

DATE