

Dr. Jason Roth Family & Cosmetic Dentistry

Office Policies

Please read this page thoroughly and sign at the bottom to indicate that you understand our policies and agree to accept them.

Commitment to Treatment

Dr. Jason Roth and staff place your dental needs on top priority when assessing needed treatment. Therefore, we believe that any and all treatment, unless strictly cosmetic needs to be completed once started. Incomplete treatment can lead to dental health problems, complications, further disease and misunderstandings.

Commitment to Your Appointment

Your personal appointment time represents a mutually understood agreement that you will be present for our scheduled time reserved specifically for you and that we will be here to serve you. Our office policy requires a **48- business hour** notice for any appointment changes and/or cancellations. Unless proper notice is given, a \$50 fee will be applicable. **These changes are to be done directly with our staff as we DO NOT accept cancellation of appointments thru our answering machine.**

Commitment to Financial Arrangement

Our services are rendered and charged to the patient. As a courtesy we bill your insurance company for you. All fees for services are the responsibility of you the patient and are due at the time services are rendered. We accept Cash, Check, and Credit Card. It is your responsibility to know and understand your benefits. A \$25.00 charge will be assessed for any returned checks. Fees have been explained and I agree to fulfill my financial commitment to your office.

Signature

Date

Dr. Jason Roth Family & Cosmetic Dentistry

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES
&
DENTAL MATERIALS FACT SHEET**

I, _____ (*Print Name*)

acknowledge that I have received a copy of the office's Notice of Privacy Practices.

Signature

Date

I acknowledge that I have received the **Dental Materials Fact Sheet** dated June 2004.

Signature

Date