

East Lansing Family Dentistry

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On behalf of our team, welcome to our office. We are pleased you have chosen us to care for your dental needs and assure you we are committed to providing you and your family with safe, high quality healthcare. Any treatment we recommend for you is based upon what we would recommend for members of our own families under similar circumstances.

During your first visit a thorough examination will be conducted. This will include updating any x-rays and other aids that may be needed to accurately diagnose the condition of your mouth, teeth and gums. We can then determine your dental needs and discuss suggested treatment for you. Usually, cleaning is done at this time, but since all patients' treatment is planned based on their individual needs, we have found that this is not possible with some of our new patients.

Unless emergencies dictate otherwise, you can expect us to be on time for you. We value your time and will make every effort to complete your treatment in as few visits as possible. In order for us to be efficient with the time that we have scheduled for you, we would ask that you also be prompt and always **give 24 hours** notice if you are unable to keep an appointment or need to reschedule an appointment, so that your time may be given to another patient, and to avoid incurring a charge.

Our payment policy is:

*Cash or check at time of treatment (co-payment if there is insurance involved)

*Mastercard/Visa accepted

*Most insurances accepted

Insurances make life easier. We do accept dental insurance, but it is important for you to know that these dental benefit plans vary considerably in the arbitrary fees set by the insurance companies and chosen by your employer. If your dental benefit requires a "prior authorization" our office will submit a treatment plan for review by your insurance carrier. We also will be happy to bill your insurance company; however, it is important that you realize **THE ENTIRE FEE WILL BE THE RESPONSIBILITY OF THE INDIVIDUAL PATIENT**. The insurance company is responsible to you and not this office.

Again, we are committed to responsible healthcare and look forward to seeing you.

Sincerely,

Drs. Craig Fedore, Daniel Derksen, & Team

Patient Signature _____

Date _____