

JAMES P. OLIVE D.D.S.

On behalf of Dr. Olive we would like to welcome you to our family of fine patients and thank you for selecting us as your dental team. We are committed to dental excellence and take pride in providing you with a high degree of professional skill and dedication to motivating you toward good oral health care.

We strive to have current state of the art equipment. Through preventive visits and proper homecare, we believe that many of our patients can expect to keep their teeth for a lifetime.

The enjoyment we have experienced in our association with our patients stems a large part from mutual understanding of the joint responsibilities regarding dental care. We expect our patient's cooperation in making and keeping their appointments, and a conscientious effort toward good oral hygiene.

Appointments are reserved for you in advance so that you have sufficient time to check your schedule for any personal conflicts. Changes in your appointment affect many patients. Please do not make appointment changes, unless an emergency arises. **ALL APPOINTMENTS ARE CONSIDERED CONFIRMED WHEN THEY ARE MADE.** As a courtesy, we make a reminder call 2 working days in advance. (A minimum of \$50.00 may be charged for broken or missed appointments with less than 2 working days notice)

We would also like to inform you of our payment policy. Payments are due and payable at each visit. For your convenience our office accepts Visa, MasterCard, Discover, and American Express. In order to help fit your dental needs into your budget, other payment options may be available and must be discussed prior to appointments. We handle submission of your insurance claims; therefore, you will only pay the estimated co-payments and deductible on the day of your appointment. It is important that you provide the insurance information at the time of your visit, or you will be expected to make payment in full.

I have read, understand, and agree to the above.

SIGNATURE OF PATIENT OR GUARDIAN

DATE