



Rebecca J. Woodward, D.M.D.
Adam S. Kaufman, D.M.D.

11 Wells Street • PO Box 2058 • Westerly, RI 02891-0917 • Phone 401-596-0888 • Fax 401-596-9710

New Patient Agreement

We are an office that focuses on preventive oral care. The following is a list of what we require from you as our patient:

1. Radiographs must be taken when needed. We take radiographs based on **individual patient need**, not based upon a schedule. We offer the most up to date technology and have invested in digital radiography, which exposes you to less radiation than traditional film radiography while providing superior diagnostic value.
2. Children must have a panoramic xray taken by the time they are 9 yrs old. It is important to be sure that all adult teeth are present and in their proper location.
3. We require that you have professional cleanings and dental examinations on a regular basis. We recommend that these services be performed as needed based upon your periodontal condition. We require that you come at least every 12 months to remain an active patient in our practice.
4. We perform a dental examination at every cleaning appointment. Your hygienist performs a hard and soft tissue exam, periodontal exam, TMJ exam, caries exam, head and neck exam, and oral cancer screening every time you have your teeth cleaned. The doctor may reexamine if necessary. These services are all included in the Periodic Oral Exam fee.
5. **We do require 24-hour notice to reschedule any appts.** We encourage you to try to keep your scheduled appointments, however if there is no possible way that you can make the time that we reserved for you we ask that you call during office hours to reschedule your appointments. Please speak directly to one of our Patient Care Coordinators. It is important that we have as much notice as possible so that another patient who needs care has the opportunity to take the time that was reserved for you. If you miss your appointment, or cancel within 24 hours of your appointed time, then we may charge you a broken appointment fee. This fee will need to be paid before we will reappoint you. If you fail to keep another appointment in the future, then you may be charged up to the full fee for the services that were to be provided at that appointment. The third failed appointment will result in a charge and possible dismissal from the practice.
6. With the exception of Mashantucket Pequot Benefits, we are a non- participating office. We submit all dental claims for you. Most Delta Dental and Blue Cross of RI plans send the check directly to the patient, so if you have one of those insurance plans you most likely will be required to pay for your services in full at the time of your appointment. Your insurance will reimburse you directly. Other plans may require you to pay a portion of the fee for your services and that is also due at the time of service. You may call our office or your insurance company directly if you have further questions.

I, _____, have read the above and agree to comply with these requirements.

Patient Signature

Date