



*Dr. Jacobsen and her team would like to welcome you to Contemporary Dentistry. At this time we would like to take this opportunity to explain our office guidelines.*

**APPOINTMENTS:** We recognize the value of your time and we do our very best to see you as promptly as possible. If there are any delays in your appointment time, our team will let you know right away. It is important that you come to your appointment at your scheduled time. If your schedule requires that you must leave your appointment at a certain time, please make sure to communicate that with us, so we can accommodate you.

**YOUR VISITS WILL INCLUDE YOUR OPTIONS FOR:**

- Quality time with the Doctor and team
- State of the art technology
- Visual tour of your mouth
- Sterilization methods of the highest standard
- Review of your digital x-rays
- Treatment estimates given in writing before you make you appointments

**OUR GUARANTEE:** We are proud to guarantee our work. We give a five year guarantee on treatment received in our office. We extend this guarantee to our patients that complete all recommended treatment and keep all recommended hygiene and restorative appointments.

**EMERGENCIES:** Dental emergencies arise from time to time. When they do, please call our office immediately. When we are out of the office you can call or text Dr. Kathy Jacobsen directly at (602) 332-6202.

**DENTAL INSURANCE:** We are happy to file the forms necessary to see that you receive the optimal benefits of your coverage; however we cannot guarantee any estimated coverage. Because the insurance policy is an agreement between you and the insurance company, we ask that all of our patients be directly responsible for all charges. Please know that we will do everything possible to see that you receive the maximum benefits.

**CANCELLATIONS OR BROKEN APPOINTMENTS:** We are able to extend a "No Charge" fee to our patients who give us a 48 hour notice if unable to keep your scheduled appointment. A charge of \$50.00 will be required per patient for each appointment that is not cancelled prior to 48 hours. **Thank you for your cooperation.**

**CHILDREN AND OUR OFFICE:** Please understand that we do love children and providing care for them. However, we are unable to accommodate children in our office unless they have a scheduled appointment with the Doctor or Hygienist. If you cannot find a babysitter for your child, we will need to reschedule your appointment.

**PATIENT CONFIDENTIALITY:** I acknowledge that I received the office Privacy Practices and understand their contents. Any questions have been discussed to my satisfaction.