

Contemporary Dentistry
Dr. Kathy Jacobsen, DMD
Your Family Dentist

INFORMATION REGARDING OUR PRACTICE

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

YOUR VISITS WILL INCLUDE YOUR OPTIONS FOR:

- Quality time with the Doctor & Staff
- The most conservative updated techniques
- Visual your of your mouth
- Warm hand/face towel
- Optimal tooth repair with the latest techniques and materials
- Sterilization methods of the highest standard
- 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 Dr. Kathy Jacobsen directly.

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 made per patient for each shorter appointment that is not given adequate notice. **Appointments that have an hour or longer scheduled are reserved with payments at least a week.** A \$200 cancellation fee is charged for any changes in these longer reserved appointments. **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 you child we will need to reschedule your appointment.

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

Patient Signatures: _____ Date: _____