



Family & Cosmetic Dentistry

Patient Responsibilities
Please Read and Initial Each Line

Dr. Bocchi, Dr. Kleidosty and staff are here for you, the patient. However, in order to provide the best quality healthcare, you have responsibilities as well.

1. Please be aware of your insurance coverage. It is your responsibility to know your coverage and to inform us of any changes.
_____ INITIAL
2. Estimated portions and Co-payments are due at the time of service. We accept cash, check, and all major credit cards. Our office also offers third party financing should you require longer payment options.
_____ INITIAL
3. We strive to be on time for your appointment. Please honor/respect our time commitment to others by arriving on time. We may need to reschedule your appointment if you arrive 15 minutes late.
_____ INITIAL
4. It is your responsibility to notify us at least **48 hours in advance** if you need to change or reschedule your appointment. We reserve the right to charge a **\$85.00 fee** for appointments not given the proper notice or for all failed/missed appointments.
_____ INITIAL
5. If you miss three (3) or more appointments, you **MAY** be dismissed/discharged from the practice.
_____ INITIAL

We appreciate you selecting Sierra Smiles for your dental care. We feel that if all individuals (doctors, staff, patients, parents) accept this ongoing relationship everyone will be cared for and treated at the highest possible level.

SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____