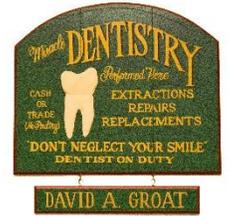


PATIENT REGISTRATION



APPOINTMENT POLICY

Because mutual understanding is the basis for good relationships, it is important for you to understand the nature of our office policies related to appointments.

1. New and Potential Patients

Selecting a dentist can be difficult. At Dr. Groat’s office, we want to be your dental practice for life – for you and all your family and friends. We believe that regular check-ups and prompt treatment ensures you will maintain good oral health throughout your life. We want all our patients to be happy with their smile and the care we provide.

Most children do not require a pediatric dentist for their care and should begin seeing a dentist once their first teeth erupt. Many of our pediatric patients will come for a tour before scheduling their first check-up.

Many children associate going to the doctor with unpleasant experiences, and this is not the impression we would like to make with your child. We use simple terms and explanations to alleviate fear and anxiety. To help parents, we offer a complimentary book to help teach children about what to expect at their dental visit. Pick one up during a tour or call and request one to be sent to your mailing address.

2. Appointments

Except in the case of emergencies, appointments are required for all treatment. Walk-in patients will be seen as time allows, not necessarily on a first-come, first-served basis, and shall not infringe on care for patients with scheduled appointments. Every effort is made by the dental staff to see patients in a timely manner and inform patients if there is a need to change or adjust their appointment time.

3. Emergencies

If you have what you believe to be a dental emergency, please contact us as soon as possible, preferable by telephone, so that we may properly assign an appointment time to handle your problem.

4. Reminder Calls

We have implemented an automated texting service to help patients reserve their appointments in their calendars. If opted in, when you make an appointment, you will get a text confirming your appointment.

5. Broken Appointments

We do not over-book our schedule. This means your appointment time is reserved especially for you. If you do not come, not only is your own care delayed, but no one else is able to be treated during that time. When appointments are not kept, dental costs increase for everyone and emergency patients that may have been treated must needlessly wait.

If you absolutely must reschedule, please give at least 48 hours notice (before 9 am Thursday for Monday appointments) to avoid possible broken appointment fees. In some cases, especially for large appointment space, you may be asked to give greater notice. The charges are dependent on how much time was reserved for you and your need.

Occasionally we may ask you to reserve your appointment with a deposit toward your treatment, especially for longer appointments. This allows us to exclusively reserve your appointment time as well as helps patients spread out the expense of treatment over several visits if necessary. This deposit is fully refundable if the cancellation policy of 48 hours notice is maintained by our patients. If the patient fails to attend their appointment or give notice that they need to reschedule, the broken appointment fee will be assessed and some or all of the deposit will be lost, and you will need to make another deposit to make another appointment for that amount of time.

If you would not like to place a deposit to reserve your appointment, we may be able to place you on a Priority List, as described below.

We realize there is always a good reason for not keeping a scheduled appointment. It is not our intent to “punish” anyone for failing to come for treatment. We have found, however, that it is best to be open and honest about what is expected, so that we may provide the highest quality dental treatment at the most reasonable cost possible. Some practices charge hidden fees or higher prices to cover lost time due to broken appointments, and some schedule more patients than are able to be treated in a day. This results in rescheduling patients, incomplete treatment, and/or excessive patient wait time. We do not resort to any of these tactics to cover our costs for broken appointment times. In return, we ask our patients to honor their commitment to an appointment scheduled.

6. Priority List

Some patients, due to the nature of their job, health, etc., just cannot know until the last minute if they will be able to keep their appointment. If you are in their category, we maintain a list of patients that can come on short notice when time becomes available. Please advise the staff if you would like to be on this list. If you are contacted when a short-notice appointment is available, you may accept the appointment or decline, if you decline, we will try again at a later date.

7. Multiple Appointments for Family Members

Occasionally, patients request appointments to have several family members seen on the same day in concurrent or successive time slots. It is our pleasure to honor this request when possible. Please be aware, however, that for each family member that is unable to keep his or her appointment (without advance notification as noted under the Broken Appointment heading above), charges will be assessed after the first occurrence. If broken appointments continue in a family, we reserve the right to schedule members separately or refer to another practice.

Acknowledgement & Consent

1. Notice of Privacy Practices

I acknowledge that I have received the practice's "Notice of Privacy Practices", which describes the ways in which describes the ways in which the practice may use and disclose my healthcare information for its treatment, payment, healthcare operations and other described and permitted uses and disclosures, understand that I may contact the Privacy Officer designated on the notice if I have a question or complaint. To the extent permitted by law, I consent to the use and disclosure of my information for the purposes described in the practice's "Notice of Privacy Practices".

2. Acknowledgment of Dental Materials Fact Sheet

I acknowledge that I have received and read the "The Facts About Fillings" prior to starting restorative dental work at David A. Groat, D.D.S.

3. Acknowledgment of communication

I authorize Dr. Groat and his staff to communicate with me via Email, Cell Phone or Text

PATIENT PRINT NAME

DATE

PATIENT/PARENT/RESPONSIBLE PARTY SIGNATURE

DATE

RELATIONSHIP TO PATIENT