

OFFICE POLICIES

Dr. Daniel S. Geare, DMD

We have three policies that we feel are important to share with our patients. We strongly believe in our work and professional efforts, and we therefore ask you to read this page thoroughly and then sign indicating that you understand these policies and agree to comply with them.

Commitment to Treatment Policy...

We believe all treatment begun should be completed. Incomplete treatment leads to problems, complications, misunderstandings, and usually further disease. Therefore, if a plan is agreed upon and started, it needs to be completed.

Commitment to Appointment Policy...

An appointment in our schedule is a bond of trust that we will be here to serve you and you will be present for the treatment. Our office policy is firm in this regard. We require a two-business day notice to reschedule an appointment. If less than the required time notice there will be a seventy-five dollar fee applied. Your signature below indicates that we have mutual respect for each other's time.

Commitment to Financial Arrangement Policy...

We believe we have the responsibility to use the best professional care, skill, and judgment in planning and delivering your dental treatment. Your payment will reimburse us for our services. By signing below, you are indicating that after all fees are properly explained to you that you agree to fulfill your financial commitment to our office promptly and completely.

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Patient signature

Date