LOMBARDO AND CHO DENTISTRY

Our Commitments

We have often been given compliments on how well our office is run and the superior experience patients have. We feel it is important to share information with you on 'how and why' our practice prides itself on spending quality time with each individual patient and provide quality dentistry at reasonable costs. We do this by having both the office staff and patients abide by certain commitments. We have put them in writing because we live by them and in order for us to deliver this quality experience in our office we request that our patients live by them as well. We ask that you read this thoroughly to become familiar with them.

COMMITMENT TO TREATMENT POLICY

We believe that all treatment begun should be completed. Incomplete treatment leads to problems, complications, further disease, and more expenses. Therefore, if a plan is agreed upon and started, it needs to be completed. Rest assured that we would never move forward with treatment without your consent.

COMMITMENT TO APPOINTMENT POLICY

We reserve time for each patient in our practice and rarely keep patients waiting. An appointment written in our schedule with your name on it is a bond of trust that we will be here to serve you and that you will be present for that appointment. There will be a fee assessed to your account for appointment cancellations or a failure to show with less than 24 hours notice. Our answering machine does not accept appointment cancellations or changes. We must have mutual respect for each other's time.

COMMITMENT TO FINANCIAL AGREEMENT POLICY

We believe we have a responsibility to you to use our best professional care, skill and judgment in planning and delivering your dental treatment. We can only fulfill this mission through a bond of trust with you to pay for services. We will not move forward with treatment unless you are fully aware of "fees" and expected payment and then only with your consent.

INSURANCE POLICY

Our office does not diagnose, render treatment or establish fees according to any insurance tables or allowances. Our fees are based on the care, skill and judgment of the professionals delivering the services, and the cost of operating a dental office dedicated to excellence. Please remember that we work 100% for you, not your insurance company. Your dental plan may only cover charges for the least expensive results. We refuse to compromise our standards by offering anything less than the complete care that you deserve. We will file insurance claims as a courtesy to you. Please understand that YOU are ultimately responsible for any amounts not covered by your plan.

I have read and thoroughly understand the above statements.

Patient Signature	Date