



ONE ELEVEN
DENTAL

Welcome to Our Practice

We are so pleased that you have selected our office for your dental care. Our goals will be to determine what dental treatment you need or want and to deliver it in the most efficient manner with clinical excellence and courtesy. We will teach you how to combine regular professional dental care with proper, daily oral hygiene to maintain optimum oral health for yourself and family.

Office hours are by appointment. Unless an unexpected dental emergency arises, we try to make sure that patients are seen at their scheduled appointment time. Our office requires a 24-hour notice for proper cancellation of appointments. A missed, no show or appointment cancellation without a 24-hour notice will be charged a \$50 fee. This fee must be paid before any future appointment will be given.

Our office offers simple financial arrangements. Your options include: Payment in-full, credit card, cash, check, and Care Credit are accepted. Unless prior arrangements are made, payment in full is expected at the time treatment is provided. As a courtesy to you, we will file your dental insurance. Please understand that we can only approximate your portion of the fee based on limited information given to us by your insurance. Your estimated portion not covered by insurance is due at the time of service. Please remember your dental insurance is an agreement between you as a patient and the insurance company. If the insurance company fails to pay the estimated amount you will be responsible for the remainder of the fee.

You can expect to receive the best dental care we can provide. Once you have explained your dental concerns and a thorough dental examination and necessary radiographs have been completed, a treatment plan will be provided to you. Advantages and disadvantages of treatment, risks of treatment, options and costs of treatment will be presented. Any questions you have will be answered before treatment begins.

We look forward to treating you soon!

The Team at One Eleven Dental

Signature _____ Date _____