



Welcome to the office of Dr. David S. Yasuda, DDS

PLEASE READ OUR PATIENT AGREEMENT

☐ Appointments: We recognize the value of your time. We do our very best to see you as promptly as possible. If there are any delays in your appointed time, our team will let you know right away. It is important that you come to your appointment at the scheduled time.

At all appointments, an adult who will be responsible for payment and authorization of treatment must accompany children. **Children must be supervised at all times.**

☐ Your Visits Will Include Your Options For:

- ✦ Quality time with Doctor and Team
- ✦ Visual tour of your mouth with Intra Oral Cameras
- ✦ Optimal tooth restoration with the latest techniques and materials
- ✦ Digital X-rays - eliminating Hazardous Waste and up to 75% less radiation

☐ Our Guarantee: We are proud to guarantee our work. We give a five (5) year guarantee on all porcelain crowns and a two (2) year guarantee on fillings received in our office. We extend this guarantee to our patients that complete all recommended treatment and follow through with post-treatment instructions as well as keep all recommended continuing care, cleanings and restorative appointments.

☐ Emergencies: Dental emergencies arise from time to time. When they do, please call our office immediately. If your call is outside of our business hours, we will return your call as soon as possible.

☐ Dental Insurance: As a courtesy, we will file the forms necessary to see that you receive the optimal benefits of your coverage; however we cannot guarantee any estimated coverage. Because the insurance policy is an agreement between you and/or your employer and the insurance company, we ask that all of our patients be directly responsible for all charges. Please know that we will do everything possible to see that you receive the maximum benefits. We are not your insurance company and are not responsible for any decisions or mistakes they make. **Payment is required at the time of service unless previous arrangements have been made.**

☐ Cancellations or Broken Appointments: We are able to extend a “no charge” fee to our patients who give us 48 hours notice [two (2) business days-please note our business hours are Monday-Thursday 8am-5pm] if unable to keep their scheduled appointment. A **charge of \$75.00** will be made per patient for each appointment that is not kept or not given adequate notice. Since insurance companies do NOT compensate for the broken appointment fee, this fee is your responsibility. **Individuals who break 3 appointments without 48 hours notice will be dismissed from our office.**

☐ Insufficient Funds: There will be a \$35 charge assessed to your account for any check that is returned due to insufficient funds.

Thank you for reading our Patient Agreement. If you should have questions, please ask.

Patient Signature: _____

Date: _____