

CLARK FAMILY DENTAL ASSOCIATES, LLC

ROBERT J. MARTINO, DDS
ALLISON C. SCEPPAGUERCIO, DMD
152 CENTRAL AVENUE
SUITE 202
CLARK, NJ 07066
732-382-8280

To Our Valued Patient,

We would like to welcome you to our dental practice. All of us here have agreed to dedicate ourselves to a common mission:

- To meet the individual needs of each patient by delivering the absolute best and most comprehensive care that we can in order to attain our patients' optimal dental health
- To continually educate ourselves and our patients on the current concepts in dentistry
- To account for the role of oral health in the overall health of our patients
- To earn our patients' respect, admiration and appreciation for us as a team that is committed to personal and professional excellence

Your commitment and cooperation are necessary to accomplish this mission. In an effort to help reach these goals and ensure that you are receiving optimal dental care, the following policies must be agreed upon:

1. Cleanliness and infection control are of the utmost importance. We have the latest sterilization technology and disinfect each treatment room after every patient. This is an important reason we expect timeliness of you and ourselves. We request that you be on time for your visits. If you are more than 10 minutes late, you may be asked to reschedule your appointment.
2. No-shows are not acceptable. Failure to keep an appointment not only compromises your health but inconveniences other patients who may have requested an office visit during your scheduled appointment. If you cannot make an appointment (except in an extreme emergency) you are expected to call a minimum of 24 hours in advance of your appointment to reschedule. Please note that changes to appointments must be made through direct conversation with a team member. No changes to appointments will be accepted via text, email or phone message. There is a \$75.00 fee for all no-show appointments and this fee is not covered by insurance. Our office will confirm your upcoming appointments either via phone call, text message or email. Please notify us of changes in any of this information.
3. Insurance: Treatment recommendations are based on your health not on your insurance or lack thereof. Our office prides itself on recommending the very best treatment and the highest quality care. Unfortunately, most insurance companies are not concerned about your health. We will, as a courtesy, be happy to submit your claims for you. Please remember, however, that you are ultimately responsible for being familiar with your particular insurance plan and informing our office of any changes to it.
4. We run a Zero Balance office. We expect payment in full prior to or at the time that treatment is provided. We have financial options available for all of our patients.

5. Our policy is to make your experience in our office an exceptional one. When we succeed, we would appreciate you telling your family and friends about our office. If your visit with us did not meet your expectations, please tell us. Your opinion matters and helps us to determine the areas where we are doing well and where we can improve.
6. Failure to comply with recommended treatment schedules and/or procedures as well as missing appointments prevents us from achieving our goal of optimal health for you. If you cannot keep your appointments and adhere to my treatment recommendations, we will not be able to continue to treat you in good conscience. All missed appointment must be made up. It is critical to your health to do so to avoid setbacks in the care and maintenance of your oral health.
7. Emergencies. It is our goal to eliminate all of the potential dental emergencies you may have by providing care for you before it becomes a problem. In the rare case that you do have an emergency, please call us right away and provide us with as much specific information as possible. We will provide you with the next available emergency appointment.

We believe that through a mutual understanding and agreement of the above office policies, our team will be able to concentrate on providing you with the highest standards of dental care and service as possible. Thank you for entrusting your dental health to us and we trust you will be completely satisfied with your choice.

Sincerely,

Robert J. Martino, DDS

I have read and reviewed the above office guidelines with _____.

Patient Signature/Date

Team Member/Date