

Patient Agreement

What you can expect from us:

- Treatment Plans with long term goals in mind
- Highly trained staff
- Clear communication about options
- We value your time and will see you promptly
- Patient comfort
- Available for emergency treatment
- Text / e-mail communication
- Payment Plans / Financing

What we expect from you:

- Attend agreed upon appointment time (\$75 fee for missed or cancelled appointments without 48 hours notice will be applied)
- Pay for the services rendered (services may or may not be covered by your dental insurance)
- Keep up with your routine hygiene visits (preventative care)
- Be aware of your insurance plan and policy and what dental benefits you have
- Trust our team of Professionals with your dental needs and goals
- Bring up any concerns or suggestions you have to improve your experience

Thank you for choosing us to take care of your family's dental needs.

We are proud to be locally owned and look forward to seeing you at your next visit. If you had a great experience, please support us by leaving a Google Review.

Your Crossings Dental Family

Sign _____ Date _____

