



Thompson Family Dentistry

130 Crossroads Plaza

Mt Pleasant, PA 15666

Phone (724)542-7177

To My Appreciated Patient,

This year marks the beginning of many exciting changes. Our vision is to create a warm, welcoming and family oriented environment that offers quality dental health care. We expect, every day, as your team of caring, honest professionals to earn the loyalty of patients, who will in turn appreciate our value and time. We intend to be committed to your overall well being by focusing on patient education and offering choices of available care, which will impact your health in a positive way.

Therefore, the following must be agreed upon:

1. No-shows are not acceptable. Failure to make 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 keep an appointment (except in the case of an emergency) you are expected to call within 48 hours of your appointment to reschedule. There is a \$35.00 fee for all no-show appointments and this fee is not covered by insurance.
2. We request that you be on time for your visits. If you are more than 10 minutes late, you may have to reschedule your appointment.
3. If you miss an appointment we ask that you call to reschedule. It is critical to your health to do so to avoid setbacks in your oral health.
4. Insurance: Treatment recommendations are based on your health **not** on your insurance or lack thereof. If you have insurance it is your responsibility to be aware of what your benefits are. Remember insurance companies are not concerned about your health and well being – we are. As a courtesy we will provide you with an **estimate** of benefits; however, you are fully responsible for any treatment performed. Your benefits are a contract between you and your insurance company. As a reminder, we cannot be responsible for what your insurance will or will not cover.
5. We run a zero balance office. In order to achieve this, we require 50% of your total patient out of pocket expense to reserve an appointment with Dr. Thompson. Please speak to the front desk staff if you have any questions regarding financial options.
6. 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 a rare instance that you do have an emergency we will provide you with the next available emergency appointment.

In closing, our goal is to create an exceptional experience every time you visit our office. Please feel free to discuss any issues that arise. No problem is too big or small.

Yours in Health,

James W. Thompson, DMD

I have read and agree to the terms of the Appreciated Patient Letter.

Patient's Signature

Patient's Printed Name

____/____/____
Date of Birth

Staff Signature

____/____/____
Today's Date

June 2017