

Patient Rights

It is your Patient Right:

- 1) To know what services have been planned for your visit(s).
- 2) To know the fees for each of these services.
- 3) To refuse any service you do not want performed at your visit(s).
- 4) To have your insurance benefits predetermined (at your request)

Your Patient Responsibilities

- 1) You must give us 24 hour advance notice of appointment changes.
- 2) Keep us updated of any health or medication changes.
- 3) You are responsible for payment of annual deductibles, co-payments and costs beyond annual maximum benefits.
- 4) You are responsible for knowing your own, as well as covered family member's, remaining insurance benefits for the current year
- 5) You are to notify us promptly of any dental insurance changes.
- 6) Please remember, submitting your insurance claims is a courtesy provided by our staff.

Patient Name: _____ Date: _____