



Dr. LéMarcel Robinson, D.D.S.

### *Welcome*

Thank you for selecting Dr. Robinson D.D.S. and staff as your dental health care providers. Our goal is to provide you and your family with optimal dental care. We want you to feel welcome and as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our financial policy.

**FINANCIAL AGREEMENT:** Patients are expected to pay for our services at the time they are rendered. Our patients who have dental insurance are expected to pay the amount of their estimated co-pay and deductible at the time of service. Payments may be made using cash, check, Visa, MasterCard, Discover, and care credit.

**APPOINTMENTS:** We require at least 24 hour notice for any cancelled appointment, failure to do so will result in a last cancellation fee of \$25.00.

**INSURANCE INFORMATION:** As a courtesy to our insured patients, we submit claims to your insurance company free of charge. We will also, file claims for your secondary insurance benefits, however any balance that remains after both insurances have paid will due at that time.

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_