

Center for Esthetic Dentistry, LLC

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OFFICE / PATIENT COMMITMENTS

We would like to share our Mission Statement with you.

Beautiful smiles; Life enhanced.

Extraordinary Patient Satisfaction.

A Dental Practice Where Honor and Dignity Are Commonplace.

Forever.

We are dedicated to merging health and beauty through cosmetic and preventive dentistry, therefore we are committed that each and every person gets what he or she wants. We provide this treatment in a non-judgmental, communicative atmosphere. We will thoroughly answer any questions you may have about your treatment or finances. We will follow through on insurance questions and get back to you promptly. We respect your schedule and will make your appointments as convenient as possible for you. We will make very attempt to see you within ten minutes of your appointed time or let you know if it will be longer.

In return we ask the following of you:

- Keep your appointments as scheduled. Please arrive on time. If you must cancel your appointment, we ask that you do so within at least 2 business days, otherwise a fee of ***\$125 per appointment hour*** will be placed on your account. We NEVER mind changing an appointment for you as long as you give us 2 business days notice.
- We expect payment at the end of each visit. We will be happy to explain to you how much each appointment will be in advance. For crown and bridge or SmileDesign treatment there will also be a separate ***laboratory fee***, with payment expected at the time of first trying in your new caps/crowns/smile.

We offer these plans:

- Multiple restorations that will take several visits to finish may be paid over a period of time as long as you have a zero balance at time of the placement of the final restorations. For two visit procedures, you may also pay half on first visit and half at final visit.
- We accept Visa, MasterCard, Discover and American Express credit cards.
- We offer CareCredit and Springstone Financing for your use.
- We will work with your dental insurance to maximize your reimbursement.

Pledge of Excellence

- Our Pledge of Excellence: We promise to stand behind all of our work for a period of 3 years, providing that you keep all of your prophylactic / exam visits. These visits are deemed necessary to maintain a high level of dental health and must be kept within the intervals determined by CED. These visits also allow us to monitor your dental treatment and address anything in a very timely manner.

We appreciate very much being able to serve you and look forward to a long lasting relationship.

I have read and understand the Office/Patient Commitments. I understand that where appropriate, credit reports may be obtained. I understand that my dental insurance is a contract between the insurance carrier and myself. It is not an agreement between the insurance carrier and the Doctor. I understand I am fully responsible for all dental fees. I also authorize the "CED" to release any requested medical/dental information to my insurance carrier or to other health care providers associated with my dental needs when and where necessary.

*Signature

*Date