

## **Commitment Letter**

At Aspen Dental Care we work very hard to ensure that you and your family receive excellent personal care at fair prices.

We feel that one of the best ways to maintain great patient-office relationships is to clearly communicate what we will commit to do for you and what we, in turn, expect you to do for us.

### **Our Commitment**

- We will assist you in determining what dental benefits you are entitled to and are eligible for.
- We will provide you with a complete diagnosis, and prior to rendering care we will provide you with an estimate of charges you may incur.
- If payment is required by you, we will allow you to pay as your treatment is rendered. Keep in mind, your care is important to us and we will work with you to help you get the care you need.
- Some insurance companies require that you pay your patient portion for your dental treatment. Your signature below acknowledges your understanding and agreement that you are liable for your patient co-payment and that payment is required.
- We will complete all insurance forms at no cost to you.
- We will stand behind our services. Our goal is to please you by providing professional care that you can count on.

### **Your Commitment**

- We expect to be paid for our services. If for any reason your carrier does not pay us for services rendered, you need to understand that you will be held responsible for payment.
- You agree to keep all appointments as scheduled and commit to allow us 24 hour notice for cancellation. Failure to keep appointments without a 24 hour notice of cancellation will result in your being charged a cancellation fee of \$25 for each occurrence.
- You commit to communicate with us any time, if you feel we can do anything to make your visit to our office more comfortable.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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Aspen Dental Care