

**Howard H. Carrico III DDS
124 Oneawa Street
Kailua, Hawaii 96734**

We would like to **welcome you** to our practice and to explain our office policy. We believe that service to our patients is at its best when there is complete understanding and mutual cooperation.

We believe our patient can expect from us:

1. A high degree of professional skill and ability.
2. That we studiously keep abreast of progress in the dental sciences.
3. Integrity to perform all services to the best of our knowledge and ability.
4. An explanation of our findings resulting from a thorough diagnosis and establishment of a fee for dentistry to be performed.

In return, we believe we must expect from our patients:

1. Complete cooperation in making and keeping all scheduled appointments. Your appointment with us has been reserved especially for you. It is our office policy that we be given the courtesy of 48 hours notice for all cancellations. In the event we are not given **48 hours** notification, a usual fee of \$25.00 or more (with frequent cancellations) will occur on your account.
2. It is our policy that payments are made in **FULL** unless other arrangements are made with our financial coordinator. We do have other options to payments i.e. Care Credit and payment plans. We are not a loan institute or a bank; finance charges will apply accordingly to outstanding balances.
3. Recall visits at such time as are indicated according to individual mouth conditions and a conscientious effort to follow our instructions on home care and oral hygiene.
4. Your dental benefit program is a contract between **you, your employer and the insurance company**. You will be responsible for balances that your insurance doesn't cover.
5. There is a \$25.00 service charge for all returned checks.

We will forward statements from time to time for goods sold or services rendered. Our statements are payable on receipt. Statements not paid within 30 days of receipt will be considered in default and unless other arrangements are made, are subject to (a) interest at 18% per annum on the unpaid balance, and (b) being assigned to a credit collector and/or attorney for legal action. In that event, customer agrees to a reasonable collection fee (presently, \$25.00) and/or attorneys' fees incurred.

If at any time you have a question or are unhappy with any treatment, fees or services, please discuss it with us promptly and openly. We would greatly appreciate this. We're looking forward to a lifetime of healthy and happy dental care for you and your family members.

Patient's signature/date

Witness signature/date