



Welcome Letter and General Consent

Welcome to LC Quality Dental office! We are honored to have you as our new patients. Quality of our dental care and your satisfaction with our practices is our top priority. To ensure high quality services to our patients, we ask you to review our office policies so that we can better serve you.

Appointments

It is necessary that we work by appointments to ensure you get the appropriate and comprehensive oral care you deserve and require. Patients are asked to arrive to their appointment on time. If a patient arrives more than **20 MINUTE LATE** for their appointment, we reserve the right to ask the patient to reschedule the appointment.

If you are unable to keep a scheduled appointment, we require a **24 HOUR** notice prior to your **MON- FRI** appointment or **48 HOUR** notice prior to your **SAT** appointment. Otherwise, we will charge you a deposit: **\$50** for Deep Cleaning; **\$100** /hour for other Major services. **All deposit will be applied on your treatment. If the 2nd visit is no show or cancelled without advance notice, the deposite will be applied to the cancellation fee.**

Generally, 20 % of our appointments will require some waiting time due to the complexity of the treatments. To avoid long waiting time, we kindly ask you to avoid weekend appointment and late afternoon appointment.

Payment and Insurance

All fees will be discussed with the patient before the treatment. For all major treatments such as veneer, crown, bridge, and denture, payment **MUST BE PAID IN FULL PRIOR TO FINAL DELIVERY** unless other arrangements were made before the treatment. Once the treatment starts, you are responsible financially for it. Any treatments over \$2,000, written agreement will be required. Any treatments below \$2,000, we will orally explain the details to you.

We accept most insurance plans and expect any portion of treatment not covered by your insurance to be paid in full on the day of treatment. If your insurance fails to reimburse our claim, we will try our best to appeal for you. Please keep in mind that your insurance is a contract between you and the insurance company/ employer. As such, **you are required to be responsible for the account.**

Service

Due to the complexation of the dental treatment, it's always possible you will experience some discomfortable after the treatment. It is always possible to need further treatment beyond the original planned treatment. The most common one is RCT after a deep filling and crown prep although we always try to avoid it. **Please discuss with the doctor about the details of your potential treatment possibilities.**

Please sign your name below to acknowledge that you have read, and clearly understand and agree with our office policy which is stated above.

Signature of Patient (Parent/ Guardian if a minor): _____ Date: _____