



Nicole T. Gordon, DMD

Our Mutual Agreement

Commitment to Treatment

Dr. Gordon and her team are committed to providing excellent dental care. Our goal is to present a comprehensive treatment plan by concentrating on your specific oral health needs and desires. We believe that all treatment once it begins should be completed. Incomplete treatment leads to advancement of disease which can become painful and lead to tooth loss. As a health centered practice we believe in maintaining a disease-free mouth and restoring original teeth whenever possible. We are also committed to studying and learning the latest information regarding total oral health care. If you have questions or concerns, we want you to share those with us.

Commitment to Time/Appointment

We take what we do seriously and running on time is something we strive for constantly. Most of the time when we run behind it is because something unpredictable is happening in the treatment rooms. We ask for your patience when this occurs and allow us to treat those patients as we would treat you.

Because we place such a high value on time, we ask that our patients do the same. When scheduling an appointment, please keep it and be on time. This is a time that we have reserved for you. If you are late, your appointment may have to be rescheduled. Late cancellations or not showing for your appointment affects a multitude of people including other patients who may have been able to appoint in your time slot. We charge for cancellations made less than 2-business days in advance. We do not accept recorded messages or email as appointment cancellations or changes. Your signature below indicates that we have a mutual respect for each other's time.

Commitment to Financial Agreement

Fees will be properly explained prior to scheduling or completing treatment. Please understand that insurance does not drive our delivery or quality care. Although we may estimate your insurance benefits, we are not responsible for their accuracy. Due to the complexity of dental insurance, knowledge of insurance benefits including limitations, exclusions and waiting periods is entirely your responsibility. We will try to help you with your insurance but we will not make important decisions regarding your health based on your insurance coverage. Payment for services including co-payments which are not expected to be covered by your insurance are expected at the time of service, unless other financial arrangements were made prior to your appointment time.

We are committed to solid, caring relationships with our patients and believe that honest communication regarding your care will enhance our relationship.

Patient Name (Print) _____

Patient Signature _____ Date _____