

# OUR THREE COMMITMENTS

(Please read thoroughly)

## 1. COMMITMENT TO TREATMENT

Initials \_\_\_\_\_

We believe that all treatment should be completed. Incomplete treatment may lead to pain, infection, extensive treatment or possible premature loss of teeth. We ask you to commit to completing all treatment plans once they have been started.

## 2. COMMITMENT TO APPOINTMENT

Initials \_\_\_\_\_

We reserve time for each patient in our practice and we strive to run on time. An appointment written in our schedule with your child's name on it is a bond of trust that we will be here to serve your child and he/she will be present for that appointment. Therefore, our office policy in this regard is critical to ensure that we all work together to provide your child with his/her dental treatment. We discourage cancellations, late arrivals or constant short-notice changes because this disrupts treatment and impinges on the following patients' appointment. We believe in mutual respect for each other's time.

## 3. COMMITMENT TO FINANCIAL AGREEMENT

Initials \_\_\_\_\_

We believe we have a responsibility to use our best professional care, skill and judgment in planning your child's dental treatment.

All fees will be properly explained to you and you agree to fulfill your financial commitment to our office promptly and completely. No business or practice can fulfill its mission to its patients when a bond of trust is violated by failure to pay for services. Not living up to this trust violates this important business principle.

I understand by placing my initials next to each of these commitments, I acknowledge, agree and understand their importance to provide Pediatric Dental Specialists the ability to offer my child and me the best possible care.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DOCTOR'S SIGNATURE

\_\_\_\_\_  
DATE

## FINANCIAL AGREEMENT

All accounts are due and payable at the time services are rendered, unless prior arrangements have been made. The total fee is your personal obligation. However, if you have dental insurance which will cover the services rendered, please be sure you have informed our office. As a courtesy, we will file the necessary insurance claim for payment on your behalf.

We will help expedite your claim so that you receive the correct amount to which you are entitled under the terms of your policy. The difference (if any) between amounts paid by your insurance (where there is an assignment of benefits) and the amount billed is your responsibility.

I have read the above and I understand that I am responsible for all charges incurred.

\_\_\_\_\_  
SIGNATURE OF PERSON RESPONSIBLE FOR THIS ACCOUNT

\_\_\_\_\_  
RELATIONSHIP TO CHILD

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

### Pediatric Dental Specialists

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