

Mark P. Tompkins, DDS, FAGD, LVIF, FIAPA, DABDSM

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Lakenormansmile.com

A policy is a written statement, which determines actions or activities of an organization. We have three policies in our practice that we feel are important to share with you, our patient. We have put them in writing because we live by them and ask that all our patients live by them as well. We realize that the institution of these policies may be different from what you may be accustomed to in the past. However we believe they are very necessary. We ask you to read this page thoroughly and may ask you to sign this at a later date so that we know you understand these policies and agree to comply with them.

COMMITMENT TO TREATMENT POLICY

We believe that all treatment begun should be completed. Incomplete treatment leads to problems, complication, misunderstanding, and usually further dental and periodontal disease and the loss of teeth. Treatment plans, once they are started, should be completed. Some treatment plans, because of their design, take years to complete; therefore to begin treatment your commitment to both starting and completing is required.

COMMITMENT TO APPOINTMENT POLICY

We reserve time for each patient in our practice, and rarely do we keep our patients waiting. An appointment written in our schedule with your name on it is a bond of trust that we will be here to serve you and you will be present for that appointment. Your time is important to us and we respect it by treating only one patient at a time and giving your our full attention while you are here. We in turn ask that you respect our time by being present for all scheduled appointments. Cancellations or constant short-notice changes affect your treatment sequences and the overall success of your therapy. Your signature below indicates that we must have mutual respect for each other's time. We are requesting 24hrs notice for any cancellations.

COMMITMENT TO FINANCIAL AGREEMENT

*We believe we have a responsibility to use our best professional skill and judgement in planning for your dental treatment. The benefits and liabilities of neglect are always explained in your **Review of Findings**, which we have completed for you. By signing below, you have indicated you agree that all fees should 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 principal.*

Patient, Parent or Legal Guardian Date Dr. Mark P. Tompkins, DDS, FAGD, LVIF, FIAPA, DABDSM Date

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

Your may Refuse to Sign This Acknowledgement

I _____ have been offered to receive a copy of this office's Notice of Privacy Practices.

Print Name

Date

Signature