

Union Dental Care

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Commitment Letter

At Union Dental Care, we work very hard to ensure you and your family receive excellent professional care at a fair price. We feel that one of the best ways to maintain a great office relationship is to clearly communicate our commitment to you and in turn, our expectations from you, the patient.

OUR COMMITMENT:

1. We will assist you in determining the dental benefits for which you are eligible.
2. We will complete all insurance forms at no cost to you.
3. We will inform you, to the best of our knowledge, of any charges you may incur prior to rendering care.
4. In the event out of pocket charges are incurred, we will do our best to arrange a treatment plan that will meet your budget needs.
5. We will stand behind our services. Our goal is to provide professional quality care that you can rely on.

YOUR COMMITMENT:

1. You agree to pay your deductible and/or co-payments at the time of service, if required.
2. You commit to directly communicating your concerns about our office in a timely manner, allowing us to address your issues.
3. You commit to us that in the event your insurance company declines payment, pays less than the contracted amount, or declares that you are ineligible to receive benefits, you are responsible for the entire account balance. Any delinquencies will be reported to a collection agency and subject to a **35% service fee**.
4. You agree to keep your treatment appointments or notify our office within **24 hours** of a cancellation. If you miss an appointment, late cancel an appointment, or do not arrive in a timely manner resulting in insufficient time to complete a procedure, you will incur a **\$25.00** fee.
5. Any patient missing two or more unexcused appointments will not be eligible for advance scheduling, but may call for a same day appointment if available.

Print Name _____

Signature _____

Date _____