



At Crystal Dental of Fresno our main goal is to help you experience the wonderful benefits of good dental health. Strong, good looking teeth enable you to eat better, look better and feel confident about your smile and yourself. A beautiful smile is a precious gift that you can give every person you meet everyday of your life. We can help you have that beautiful smile.

Our years of practice embrace several areas in General dentistry. This means that we are well trained and experienced to help you and your family to evaluate, diagnose and prevent any surgical and non-surgical treatment of diseases, disorders and conditions of the oral cavity. We delight in helping people achieve their goals of good oral health.

At your first visit we will provide a complete examination to assess your dental condition and allow enough time to thoroughly discuss your treatment needs and concerns. We feel that understanding your needs and concerns is a critical component of helping you achieve your dental goals.

In order to serve you better, all of the staff members at our office are dedicated to advanced continuing education to ensure that we provide you with the most current dental treatment available. We are highly trained in all the latest dental procedures and techniques.

Our mission is to create a warm and friendly professional environment that provides the highest level of dental care available. We pride ourselves on the service we provide to our patients. If you ever have any question about your treatment or any other concerns, please ask any member of our staff. We will be pleased to assist you.

All the members of Crystal Dental of Fresno welcome you and look forward to working with you to create a beautiful healthy smile for a life time!

Sincerely,

Dr. Diana C Velos

Office Policies

Financial Arrangements

Due to the highly specialized treatment that dentists provide, most treatment plans may seem complex. As a result of the amount of time that we invest in your treatment, we have established a payment policy which is acceptable to most patients.

If you have dental insurance, we will submit your dental treatment estimate form to your insurance carrier at the time of your consultation, to receive a confirmation of your dental coverage for the proposed treatment.

We request that you pay half of the estimated fee at the beginning of your treatment and the balance upon completion. Any outstanding balance after the completion of treatment will incur a 2% charge per month until paid in full.

Appointment Policy

The complex nature of your dental treatment requires a series of appointments with specific amounts of time periods between them to allow us to complete your treatment to the high standards that we constantly strive to achieve a smooth progression of your treatment. It is imperative that your appointments be maintained in order; otherwise your treatment may be delayed by several months. If you constantly change the dates of your appointments, this in turn affects the laboratory schedule of your treatment, and in this event we may not be able to complete your treatment by a specific date.

Should you need to change a scheduled appointment, we would appreciate the courtesy of being informed at least 48 hours in advance. Due to the large amount of time involved in prosthetic treatment, other patients who may wish to take your appointment time require several days notice in order to accommodate their schedules. A \$75.00 fee will be charge for missed appointments to compensate the chair and doctor's time.

Agreement

I understand the financial arrangements and agree with this payment schedule as a method of payment for my treatment. I understand that I am responsible for my dental cost regardless of any insurance coverage.

Date

Print Name

Signature of Patient

RESTORATIVE LIMITED WARRANTIES

Please be advised that in order for these warranties to remain in effect, you must follow all treatment recommendations in a timely fashion and maintain the recommended schedule for your individual dental exams and cleanings.

Our warranties will be null and void if you do not maintain your recommended cleaning and exam interval at our office. Faithfully visiting us a minimum of two times per year will provide a winning plan for the health of your teeth and gums.

A lot of the post-op results are due to good maintenance on the patient's part. There are also a lot of factors that can affect the prognosis of your procedure, such as types of chewing habits and diet.

Amalgam & Composite Fillings – Should a filling leak, chip, or otherwise fail, we will replace it with-in two years of the date of the original service. Please note that this warranty does not cover the entire tooth. Teeth may develop another cavity on areas not associated with original filling. Those areas of new decay are not covered under this warranty.

Crowns, Bridges, Veneers – For a period of five years after the original placement of your restoration, we will replace the crown, bridge or veneer at no cost, should the original restoration fail due to breakage, misfit or decay.

Partials and Dentures- If your denture is damaged under normal use (a tooth chips, breaks or a flange breaks) we will repair it at no charge for a period of five years from the original service. This warranty does not include accidents such as dropping your dentures. Denture patients must be seen once a year to maintain coverage.

If you have any type of restoration at Crystal Dental of Fresno please print this warranty and keep for your records.

Patient Signature (or Guardian if under18)

Date

Printed Name

Relationship to Patient (if under 18)

CANCELLATION POLICY

AN APPOINTMENT TIME AND ROOM HAS BEEN RESERVED FOR YOU.
PLEASE NOTIFY THE OFFICE WITHIN 48 HOURS FOR RESCHEDULE OR
CANCELLATION.

A \$75.00 FEE WILL BE INCURRED FOR ANY BROKEN APPOINTMENT.

OUR VOICEMAIL AND E-MAIL ARE AVAILABLE 24 HOURS A DAY
EVERY DAY.

YOUR HEALTH PLAN DOES NOT COVER FOR MISSED APPOINTMENTS.

X

PATIENT SIGNATURE

DATE:

HIPAA

Due to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Crystal Dental of Fresno is required by law to maintain the privacy of **Protected Health Information** (PHI) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. Our Notice of Privacy Practices describe how Crystal Dental of Fresno may use and disclose PHI to carry out treatment, payment, or health care operations and for other specified purposes that are permitted or required by law. The notice also describes your rights with respect to PHI about you. Our current Notice of Privacy Practices is posted in our main waiting room as well as on our web site www.crystaldentalfresno.com. If you would prefer a printed copy please let us know and we will provide one for you.

Your signature below indicates that you have been given an opportunity to read our Notice of Privacy Practices and have been offered a copy for your records. Additionally, **your signature is required so that we may process insurance claims electronically on your behalf.** Please indicate below your signature, **any individual with whom Crystal Dental of Fresno may discuss your protected information including financial obligations, dental health, appointment descriptions and times and your relationship to the authorized individuals.** We will not release information to anyone not listed below.

Patient Signature (or Guardian if under 18)

Date

Printed Name

Relationship to Patient

Name of Authorized Individual

Relationship to Patient

Name of Authorized Individual

Relationship to Patient

Name of Authorized Individual

Relationship to Patient

