

CRAIG A. FEDORE, D.D.S., P.C.
JAIE W. OAK, D.D.S.

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On behalf of our team, welcome to our office. We are pleased that you have chosen us to care for your dental needs and assure you we are committed to providing you and your family with safe, high quality healthcare. The treatment we recommend for you is based upon what we would recommend for members of our own families under similar circumstances.

During your first visit a thorough examination will be conducted. This will include updating any x-rays and other aids that may be needed to accurately diagnose the condition of your mouth, teeth and gums. We can then determine your dental needs and discuss suggested treatment with you. Usually, a cleaning is done at this time, but since all patients are treatment plan based on their individual needs, we have found that this is not possible with some of our new patients.

Unless emergencies dictate otherwise, you can expect us to be on time for you. If you need to reschedule an appointment, please give us **24 hours notice** so that your time may be given to another patient and to avoid incurring a charge.

Our payment policy is:

- *Cash or check at the time of treatment (co-payment if there is insurance involved)
- *Mastercard/Visa accepted
- *CareCredit accepted
- *Most insurance's accepted

Insurance makes life easier. We do accept dental insurance, but it is important for you to know that these dental benefits vary considerably in the arbitrary fees set by the insurance companies and chosen by your employer. If your dental benefits require a "prior authorization" our office will submit a treatment plan for review by your insurance carrier. We also will be happy to bill your insurance company, however, it is important that you realize **THE ENTIRE FEE WILL BE THE RESPONSIBILITY OF THE INDIVIDUAL PATIENT**. The insurance company is responsible to you and not this office.

Again, we are committed to responsible healthcare and look forward to seeing you.

Sincerely,

Craig A. Fedore, D.D.S., P.C., Jaie W. Oak, D.D.S., & David P. Bunn, D.D.S and Team

Signature _____ **Date** _____