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Our Mutual Agreement

Commitment to Treatment

Highland Dental is committed to providing excellent dental care. Our goal is to present a comprehensive treatment plan by concentrating on your specific oral health needs and desires. We believe that all treatment once it begins should be completed. Incomplete treatment leads to the advancement of disease which can become painful and lead to tooth loss. As a health centered practice we believe in maintaining a disease-free mouth and restoring original teeth whenever possible. We are also committed to studying and learning the latest information regarding total oral health care. If you have questions or concerns we want you to share those with us.

Commitment to Time/Appointment

We take what we do seriously and running on time is something we strive for constantly. Most of the time when we run behind it is because of something unpredictable happening in the treatment rooms. We ask for your patience when this occurs and allow us to treat those patients as we would treat you. If you have been waiting longer than fifteen minutes past your scheduled appointment time, someone will consult with you regarding options.

Because we place such a high value on time we ask that our patients do the same. When scheduling an appointment please keep it and be on time. (This is a time we have reserved just for you.) If you are more than fifteen minutes late your appointment may have to be rescheduled. Late canceling or not showing for your appointment, affects a multitude of people including other patients who may have been able to appoint in your time slot. Short notice changes are something we try to avoid.

Commitment to Financial Agreement

Finally, all fees will be properly explained prior to scheduling or completing treatment. In turn, we expect our patients to fulfill all financial obligations. We are aware of the commitment you are making when you agree to treatment and as a courtesy will file your insurance for you. However, please understand that insurance does not drive our delivery of quality care. We will try to help you with your insurance but we will not make important decisions regarding you health based on your insurance coverage.

In summary, we appreciate your confidence in choosing us to work with you to create a Comprehensive Treatment Plan. We are committed to solid, caring relationships with our patients and believe that honest communication regarding your care will enhance our relationship.

PATIENT/LEGALLY RESPONSIBLE PERSON: _____

DATE: _____