

**Robin N. Lucas, D.M.D. P.A.**  
**232 Bloomfield Street**  
**Hoboken, NJ 07030**

**To my Valued Patient:**

This year marks the beginning of many exciting changes in our office. We continue to strive to improve service and quality of care for you, so that you can regain and maintain your health as quickly, efficiently and inexpensively as possible.

We have a purpose- and that purpose is to help our patients receive optimum health care. We have the latest sterilization technology because cleanliness and infection control is of the utmost importance. We also have a personal, professional, and ethical responsibility to care for your health to the best of our ability.

Missed appointments and failure to care to comply with recommended treatment schedules and /or procedures prevent us from achieving our goal of optimum health for you. If you cannot keep your appointments and adhere to our treatment recommendations, we will not be able to continue treating you in good conscience. Therefore, the following policies **must be agreed upon:**

1. **NO SHOWS ARE NOT ACCEPTABLE** Failure to make an appointment not only compromises your health, but inconveniences other patients who may have requested an office visit during your scheduled appointment. In order to avoid a disappointment fee, you are expected to call within 24 hours of your appointment to reschedule.
2. **WE REQUEST THAT YOU ARE ON TIME FOR YOUR APPOINTMENT** We will see you on time and get you out on time unless there is an emergency. If you are more than 15 minutes late you may have to reschedule your appointment.
3. **IF YOU MISS AN APPOINTMENT YOU MUST MAKE IT UP** It is critical to your health to do so to avoid set backs in the care and maintenance of your teeth and gums.
4. **WE RUN A ZERO BALANCE OFFICE** Insurance co-payments are due the day services are rendered. You are responsible for your yearly deductible if applicable. Cash patients are an exception, and are expected to comply with their financial agreement with the office. Any balances must be paid in full whether it is insurance based or not. Refunds are applied if applicable. Questions or concerns regarding your financial obligations can be directed to your treating doctor.
5. **TRANSFER OF RECORDS** Should you move, change dentists or need to have your records duplicated for any reason there is a fee, which paid must be prior to release.
6. **DISATISFACTION** It is our duty to ensure you complete satisfaction. However, miscommunications can occur between you and our office. We would appreciate any concerns

regarding treatment or customer service to be brought to our attention immediately. If this should occur we will be more than happy to rectify the situation to the best of our ability.

**We greatly appreciate your cooperation and referrals**

**Yours truly,**

**Dr. Robin Lucas and staff.**

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**Patient**

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**Date**

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**Witness**

\_\_\_\_\_  
**Date**