



EAN KLEIGER, DDS  
FAMILY & COSMETIC DENTISTRY

## Office Policies

### **We are delighted to welcome you to our practice!**

Dr. Kleiger and his dental team's goal is to provide you and your family with the highest quality dental care. Our office provides preventative, cosmetic and restorative dentistry with cutting edge technology and personal service. We work together with the mutual goal of helping you achieve and maintain the best oral health to last a lifetime.

Dr. Kleiger follows the most current patient care guidelines established by the American Dental Association and California Dental Association.

Our office hours are Monday to Thursday from 8 am to 5 pm and Friday from 8 am to 12 pm. The office is closed the first Friday of every month. If you should have a dental emergency after hours, call our office and our answering service will contact the doctor. Keep in mind that there is an after-hours office visit charge, which may not be covered by your dental insurance.

Your appointment time is reserved EXCLUSIVELY for you. We understand that sometimes appointments need to be changed, but we ask that you give us at least 48 hours notice if this is the case. Failing to keep a reserved appointment will result in a charge of \$75.00 per hour of scheduled appointment time.

When it comes to treatment, we respect your desire to make a responsible decision in terms of action. Every effort will be made to discuss the benefits, alternative treatments, possible risks, and financial aspects of your procedure. You may then choose to accept or reject the treatment. Acceptance of your treatment means that you understand that insurance benefits may not cover the entire financial responsibility for the treatment rendered and that you are expected to cover the remaining balance. Your estimated payment is expected on the day of treatment, but financial arrangements, subject to credit approval, can be made.

I have read the above conditions of treatment and payment and agree to their content.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of guarantor of payments/responsible party

CLICK TO SUBMIT