



Welcome to Vibrant Smiles

Vibrant Smiles

Thank you for choosing Vibrant Smiles as your dental health care provider. Our highly trained doctor and staff look forward to serving you in a calm and caring environment.

We want you to know that we are committed to provide you with the highest quality of oral health care in the most gentle, efficient, and enthusiastic manner possible. We pride ourselves on making dentistry a pleasant experience for you, while providing you with the best dental treatment.

Our emphasis is on early preventive care, but we also provide restorative care, including full mouth rehabilitation and emergency services. Our primary goal, whenever possible, is the retention of your healthy, natural teeth.

If there is anything we can do to make your experience more pleasant please talk to anyone on our Team. Confidential feedback is welcome through our website, www.vibrantsmiles.net.

Thank you again for choosing Vibrant Smiles to care for your dental needs.

Smile Analysis



We are committed to providing you with a healthy and beautiful smile. Please tell us if you would like to improve your smile.

On a scale of 1-10:

- Are you interested in straightening your teeth? _____
- Would you like whiter teeth? _____
- Are you interested in a cosmetic consultation? _____
- Are you interested in implants? _____



Vibrant Smiles

FINANCIAL POLICY

Payment is expected at the time of service. For your convenience we offer several payment options including cash, check, debit card (w/ Visa or Master Card logo), credit card and CareCredit.

If you are using Dental Insurance to help with payment, your co-pay will be due at the time of service. We will be happy to file your claim for you; however, your bill is ultimately your responsibility should insurance not cover the expected amount due.

For alternative payment arrangements we require that a valid credit card be held on file. Should you fail to meet your obligation, we may process your credit card for any outstanding balances. We will never charge your card without first calling to notify you of the outstanding balance.

This policy is necessary for us to maintain the level of services and care that all of our patients expect of us. If you have any questions about our financial policy, please feel free to contact our Financial Administrator at your convenience.

Credit Card Type (circle one): **Visa** **Master Card** **American Express** **Discover** **CareCredit**

Card Number: _____

Expiration Date: _____ / _____

CVV code: _____

Card Holder's Name: _____

I authorize Vibrant Smiles and Associates to process any outstanding balances on my account to the credit card listed above.

Signature _____
Date

Print Name _____
Date

BROKEN APPOINTMENT POLICY

Vibrant Smiles knows your time is valuable, and we respect that! In fact, we make it a point to schedule all of our patients with this in mind. Our daily goal is to seat all of our patients on time. In an effort to provide timely service to our patients we never over-book our schedule like so many other health care facilities. This makes our time very valuable to us as well. Therefore, in an effort to avoid broken appointments and late patient arrivals, the following policy has been adopted:

1. All cancellations or rescheduled appointments must be arranged two business days prior to appointment date.
2. Patients arriving more than ten minutes late may be rescheduled at Vibrant Smile's discretion.
3. Patients who...
 - don't show up for their appointment, or
 - reschedule without two business days' notice
 ...will be charged a \$20.00 missed appointment fee.

To avoid raising our dental fees and allow for all of our patients to reserve appointment times when desired, we find it necessary to implement this policy.

Thank you for understanding and respecting our time and policy. If you have any questions regarding this matter, please contact Julian King at 3016455182.

Signature: _____