

Kevin Cassidy, DDS, FAGD
585 Tahoe Keys Blvd. Suite 2
South Lake Tahoe, CA 96150

Patient Responsibilities
Please Read and Initial Each Line

Dr. Cassidy and his staff are here for you the patient. However, in order to provide the best quality healthcare, you have responsibilities as well.

- ◆ Please be aware of your insurance coverage. It is your responsibility to know your coverage and to inform us of any changes. Our staff can only estimate what your portion may be given the information provided to us. This is not a guarantee of what your insurance company will pay.
_____ Initial
- ◆ Co-Pays are due at the time of service. We accept cash, check, and all major credit cards. Our office also offers third party financing should you require longer payment options.
_____ Initial
- ◆ We strive to be on time for your appointment. Please honor our time commitment to others by arriving on time as well. Should you arrive too late for us to give you proper care and still stay on schedule, we may need to reschedule your appointment.
_____ Initial
- ◆ It is your responsibility to notify us at least 24 hours in advance to reschedule an appointment. We reserve the right to charge a fee for cancelled or failed appointments not given proper notice.
_____ Initial
- ◆ If you miss three (3) or more appointments, you MAY be discharged from our practice.
_____ Initial

We appreciate you choosing Dr. Cassidy for your dental care. We feel that if all parties accept these responsibilities, everyone will be cared for and treated at the highest possible level.

Signature _____

Print Name _____ **Date** _____