

## **CLIPPER MAGAZINE SPECIAL**

### **PATIENT STATEMENT OF UNDERSTANDING**

- The purpose of the Clipper Magazine Special is to give you an opportunity to meet Dr. Slobodian & our staff, see our facility, and determine if we are a good match for you. We are proud of our long term relationships with our patients, who we like to call family. We hope you will join our family for years to come.
- Pre-Appointment Procedures:
  - Appointments are on Mondays or Fridays only.
  - Before we will schedule your initial appointment, you will be required to read and sign this Patient Statement of Understanding.
  - Once you have signed the form and returned it to us (options include: a) online signature, b) email, c) U.S. mail, or d) drop it off in-person), we will then schedule you for your 40 minute initial consultation appointment.
  - We will collect the \$75.00 payment at time of scheduling: see below for details.
  - This consultation is independent of any dental insurance you may have: it is not a billable procedure that can be submitted to insurance.
- Expectations & Objectives: Your initial appointment with Dr. Slobodian is a consultation, and will be scheduled for 40 minutes. You will have the opportunity to discuss your goals and / or concerns. Dr. Slobodian will perform a general evaluation focused on these goals and/or concerns, and give you his professional opinion. We may take one or two films, and possibly a 3-D scan, if necessary. Treatment required to reach your goals will be discussed.
- Regarding the \$75.00 fee for this appointment:
  - This fee is fully refundable if you cancel the appointment with MORE THAN 48 business hours notice.
  - This fee is NOT REFUNDABLE AT ALL if you cancel the appointment WITHIN 48 business hours.
  - This fee is NOT REFUNDABLE AT ALL if you fail to show up for your appointment, or are over 10 minutes late.
  - If you move forward with treatment within 30 calendar days of the appointment, 100% of the fee will be applied to treatment.
- Dental films / x-rays: Please note any films we take at this appointment are NOT your property: you are NOT being charged for them. If you wish to have copies of them, full fees will apply. You will be informed verbally of all fees regarding films before they are taken. A 3-D scan (CBCT) is valued at \$450.00.
- Premedication (antibiotics): If you require premedication (antibiotics) for dental appointments due to heart issues or joint replacements, please be sure to take them. If you forget them and we cannot perform the consultation to the levels you or we desire, you are still financially responsible for the appointment.
- Age Restrictions:
  - This offer is restricted to new patients aged 18 & older.

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- Type of Dentist:
  - As per the NJ State Board of Dentistry, we are required to inform you that Dr. Slobodian is a General Dentist. He is not a Specialist in any of the disciplines recognized by the American Dental Association or other Board. For example, Dr. Slobodian performs root canals, but is not an endodontist (root canal specialist).
- Fees & Discounts:
  - We are offering a 40% “across-the-board” discount, with the following exclusions:
    - Consultation: Outlined above.
    - Exams / Films / Cleanings / Periodontal Treatments: Excluded.
  - As per the NJ State Board of Dentistry, we are obligated to provide you with a Representative List of Services. This is NOT inclusive of all services offered:

	Regular Fee	Discounted Fee
Prophylaxis (Cleanings)	\$122	Excluded
Examination	\$91	Excluded
Complete X-Rays	\$167	Excluded
Periodontal Services	\$263	Excluded
One Surface Filling	\$263	\$158
Molar Root Canal	\$1,260	\$756
Crown	\$1,470	\$882
Veneer	\$1,470	\$882
Complete Denture	\$2,048	\$1,229
Surgical Extraction	\$368	\$221
Implant: fixture only	\$2,045	\$1,227
Implant: stock abutment	\$750	\$450
Implant: crown	\$1,470	\$882

- Payment:
  - With the exception of the Initial Consultation, all payments are expected as cash or check due to the steep discounts.
  - Use of credit card will incur an additional 5% fee.
  - Use of financing options will incur an additional 10% fee.

Your signature below indicates you have read this Patient Statement of Understanding, and agree to the terms stated above. It also indicates you have been given an opportunity to ask questions, and they have been answered to your satisfaction.

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Print Patient Name

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Sign Patient Name

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Date