Curtis Raff, DDS
1233 Taraval Street
San Francisco, CA 94116
415.564.7525
RaffDDS.com

OFFICE POLICIES

We strive to have our patients fully informed of our philosophies, treatment options, and financial responsibilities prior to any treatment. If you have any questions, just ask.

- **Our Mission:** In our practice, we vow to maintain an ethical conduct in the care of our patients. We take pride in our profession and therefore promise to:
  - Provide our patients with thorough and accurate information regarding their care.
  - Conduct care in a manner that ensures our patient's safety and well-being.
  - Encourage communication within a professional, yet personable, relationship.

- We respect your time. Your appointments are set aside solely for you and thus we typically will see you right on time (if not early). If you need to reschedule an appointment, we would appreciate as much notice as possible. Please be aware of a $75 minimum fee if you are unable to make an appointment and provide less one full business days' notice.

- California law requires patients to be offered the Dental Material Fact Sheet. Federal HIPAA regulations recommend we maintain a privacy practice policy. Your signature acknowledges you have been offered copies. You can request a hardcopy or visit RaffDDS.com to download one.

- For non-insured patients, full payment is due at the time service is initiated. For verified insured patients, your co-payment is due at the time service is rendered.

PATIENTS WITH DENTAL INSURANCE:

- As a courtesy, we will file the insurance claims for you and provide your insurance company with any reasonable requested data. It is important to understand that your insurance plan is a contract between you, your employer, and the insurance company, and is limited to benefits listed in that contract. You are ultimately responsible for charges.

- Assignment of Benefits: You hereby assign all dental benefits to which you are entitled to our office. In order to secure the payments of your benefits, you authorize our office to release all information necessary. You can revoke this assignment at any time.

- Insurance companies never notify practices of changes to coverage; thus, it is your responsibility to keep us notified of insurance benefit changes.

Print Name _____

Signature _____ Date _____