

# Allen Pond Dental

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## WELCOME TO ALLEN POND DENTAL

### **About Us:**

Allen Pond Dental has been a long time dream of Dr. Joyce Hottenstein. A great deal of thought went into the design philosophy and mission of the dental care we provide.

Our philosophy: Healthy Smile- Healthy Heart. I believe the mouth is the gateway to the body. A healthy mouth is a great predictor of a healthy body. The recent studies that show the health of your mouth can be a predictor of a healthy heart.

Our goal is to eliminate any discomfort during dental treatment. You have our undivided attention and by listening to your concerns and working with you to help, you can achieve a healthy mouth and an attractive smile.

### **Dr. Joyce Hottenstein:**

I graduated from Boston University Dental School after having spent 17 years as a dental assistant. I have continued my learning at places like the Pankey Institute and Scottsdale Center Learning Advanced Methods of Preventative and Restorative Care, learning about treatment of TMJ pain and keeping abreast of the latest technologies.

I have worked in the dental community all my adult life and am committed to providing you with the quality, preventive dental care you require and deserve, and would not imagine my life otherwise.

### **Our Team:**

Our team is made up of a talented group of caring individuals who take pride in our profession. Our team is a genuine, helpful, well trained, highly skilled and dedicated to serving you. We are always available to discuss any questions or concerns.

### **What to Expect:**

Your first visit will involve a discussion to determine your concerns and what you want for your dental care. This visit is limited to gathering diagnostic information for future decision making. After this information has been studied, we will discuss your dental health needs now and for the future. All

recommended treatment and alternatives will be fully explained to you so you can decide for yourself on a plan for your future dental health. If you have an emergency you will receive immediate attention to relieve the issue.

Please be sure to bring with you any previous treatment records or have them sent electronically, your dental insurance information, and a list of all medications. Please note a parent or guardian must always accompany a minor under 18 years old to the first appointment. After that please make sure a parent or guardian is available to make decisions should the need arise.

As a courtesy, we will confirm your appointments by phone at least 48 hours in advance only if you request it otherwise, text and email are our preferred contact. Ultimately it is your responsibility to keep the scheduled appointment. Anytime an appointment is missed that means someone in need goes untreated. A courtesy of 2 business days notice will be appreciated if a change in your schedule occurs and any appointments not cancelled or rescheduled will be charged \$50 for every half hour of appointment time.

**Dental Insurances and Payment Policy:**

Dental Insurance is a wonderful benefit you receive from your employer. We will be happy to complete forms and submit it to your insurance to assist you in obtaining maximum benefits. We are happy to submit a pre-determination on your behalf to your insurance provider prior to scheduling treatment if this information will help you plan your finances. With a pre-determination your insurance benefits are broken down into what percentage and payment the insurance may cover and the percentage and payment that is owed by you. As a courtesy to you, there is no charge for this service. We do request that your portion be paid at the time of service. We always want paying for our services to be as comfortable as our dental care. An estimate of all fees will be provided and we have a range of payment options we can discuss with you!

All fees are due and payable at the time of service unless previous arrangements have been made. For patients who need financing options beyond 90 days, we are pleased to offer a finance plan through Care Credit for 18 months interest-free on approved credit. We will be happy to explain this plan and assist you with the application process. For patients who have an outstanding balance over 90 days an interest charge of 1.50% will accumulate monthly until the balance is paid.

If it becomes necessary for my account to be placed with a collection agency, I understand that I will be responsible for the collection fee in the recovery of this account.

Enclosed, please find a patient information sheet, a health history form and an acknowledgment form that you have reviewed this letter, for you to complete prior to your first visit with us. You will also find a map to help you find us. We look forward to meeting you.

I acknowledge that I have received and reviewed Allen Pond Dentals Welcome Letter and agree to follow the terms and conditions that are listed in the document.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

