

**Sesselmann Dental Association**  
**4382 Henry Street**  
**Muskegon, MI 49441**  
**231-798-3431**  
**Website: www.sesselmanndds.com**

Dear New Patient:

Welcome to our practice! Our practice is centered on preventive care. It is much easier, less expensive, and more comfortable to prevent problems from happening than to correct problems that have already developed. To prevent problems, we (the patient and the dental team) must work together. Our responsibilities include doing the very best quality dentistry possible, to provide you with an oral environment that you can keep clean, and to educate you as to your responsibilities. Your responsibilities include proper daily oral hygiene (brushing, flossing, diet control, etc.), returning at regular intervals for exams, prophys, etc. and allowing us to do necessary treatment in a timely manner.

We would also like to inform you of our office policies and procedures. Normal office hours are Mon., Tues, Thurs, and Friday - 8:00am to 5:00pm. However, this may vary at times with holidays, educational seminars, etc. If we are not in the office our answering machine will inform you of what to do in case of emergencies (i.e. call Dr. Sesselmann at home, or names and phone numbers of dentists who are covering for us).

We will try to call you on our last working day before any appointment to confirm your appointment and let you know your co-pay due. However, if we cannot contact you, you are still responsible for showing up at the appointed time. If you are unable to keep your appointment, you must give us 24 hours notice. If we do not receive 24 hours notice an overhead charge will be applied to cover our overhead costs. This also applies to patients who are chronically late for appointments.

We will make every effort to see you on time. However, occasionally we have emergencies that require immediate care. If this happens during your appointment time we will give you the option of waiting (and estimate how long it will be) or rescheduling. We will bill your insurance company for work we have done, but you are ultimately responsible for your bill. You are responsible for co-payment for services rendered on the day of service. We accept cash, check, credit card and Care Credit. Your contract with your insurance company is between you and them. We do not have any agreement with the insurance companies. Our treatment is determined by what is best for you – not what your insurance company may try to dictate. Therefore, you must understand your insurance policy, what it does and does not cover, what copays apply, your maximum, your benefit year, etc. (No insurance covers 100 %!).

Again, we welcome you to our practice and look forward to serving you. We hope to make your dental experience with us a pleasant one. If you have any questions or concerns at any time (on insurance, our bill, your treatment/care, anything) please let us know and we will do our best to answer them.

Eric V. Sesselmann, Jr., DMD/Eric V. Sesselmann Sr., DDS and staff.

I have read and understand the information in this letter.

Signed (Patient or Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_