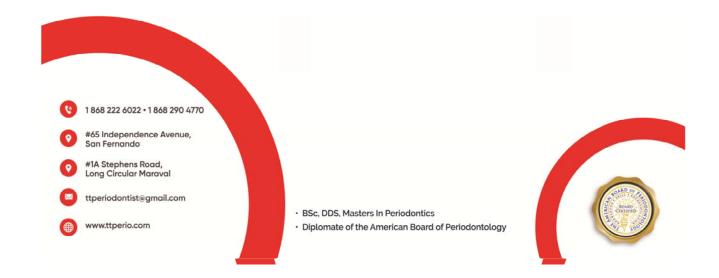


Gum Treatments · Dental Implants · Cosmetic Dentistry

TPI DENTAL Office Policies and Procedures



ABOUT US

Welcome to the office of board-certified periodontist Dr. Jana-Marie Koylass. Our goal is to provide the highest quality care to our patients delivering excellence in periodontics and implant dentistry. We are happy to educate and serve our community.

Our practice is fortunate to have an exceptional dental assistant, Allison Sutherland, with years of chair-side experience. She not only assures that our treatment appointments go smoothly, but is involved as an oral hygiene educator, providing pre- and post-surgical care and for much of the behind the scenes support, such as sterilization, cleanliness, and infection control.

You will find the front office staff, Jonelle Lal, extremely professional and capable. Her experience scheduling appointments, managing phone calls and helping with insurance assures that your visits are pleasant and enjoyable.

Should you have any questions, queries or concerns, you can contact the staff of TPI Dental through the following methods:

Phone: +1 (868) 222-6022 WhatsApp: +1 (868) 280-8022

Email: ttperiodontal.receptionist@gmail.com

CLINIC OPERATIONS

OPENING HOURS:

Monday	7:30 AM – 4:00 PM
Tuesday	7:30 AM – 4:00 PM
Wednesday	7:30 AM – 2:00 PM
Thursday	7:30 AM – 4:00 PM
Friday	7:30 AM – 4:00 PM
Saturday	8:00 AM – 2:00 PM
Sunday	Closed
Holidays	Closed

SCOPE OF SERVICES PROVIDED:

- Gum and Periodontal Treatments
- Dental Implants
- Smile Enhancements
- Cosmetic and Prosthodontic Treatments
- Periodontal Procedures (including surgical and non-surgical therapy)

OUR COMMITMENT TO PATIENTS

- We provide quality dental care.
- We value each patient as an individual. We take responsibility and initiative to address concerns, issues and feedback to ensure patient satisfaction.
- Our patients' dental and personal information is treated with respect and the utmost confidentiality.
- We facilitate all aspects of our patients' dental care by informing and educating them about internal resources and guiding them through our processes.
- We conduct ourselves in a professional manner at all times and contribute to the maintenance of a professional environment.

PATIENTS' RIGHTS AND RESPONSIBILITIES

As part of our strong commitment to quality care and customer service, TPI Dental wants to keep you informed about your rights and responsibilities.

PATIENTS' RIGHTS:

- You have the right to be provided with appropriate information about providers, policies and procedures.
- You have the right to be informed by your dentist regarding your diagnosis, treatment and prognosis in terms you can understand.
- You have the right to receive sufficient information from your dentist to enable you to give informed consent before beginning any dental procedure or treatment.
- You have the right to be treated with respect, dignity and with recognition of your privacy.
- You have the right to refuse treatment, drugs or other procedures recommended by TPI
 Dental and to the extent permitted by law and to be made aware of the potential
 consequences of refusing recommended treatment.
- You have the right to expect that all communications and records pertaining to your health will be handled in the most confidential manner. However, all records/notes are part of the Intellectual Property of TPI Dental and can be obtained upon request with the approval of your treating practitioner.
- You have the right to choose a personal care dentist and to expect that he/she will provide and/or arrange for the provision of dental services.
- You have the right to express any concern with the staff of TPI Dental.

PATIENTS' RESPONSIBILITIES:

Due to recent circumstances, TPI Dental has felt it necessary to implement the following patient responsibilities. Please note that these responsibilities will be effective January 1st, 2023.

Please check the boxes to indicate your understanding and acceptance of these responsibilities:
You have the responsibility to treat others with the same respect and courtesy that you expect for yourself.
You have the responsibility to ask questions and to seek clarification in order to understand your dental condition and/or treatment.

	You have the responsibility to weigh the potential consequences of not following the advice of your dentist.
	You have the responsibility to become familiar with your dental plan benefits, policies, and procedures by reading materials distributed by the respective dental plan. For clarification, you should call the customer service department of the respective dental plan with any questions.
	You have the responsibility to cooperate with TPI Dental so that we may administer benefits in accordance with your dental plan. Since they are many different insurance companies and coverage plans, it is your responsibility to know what your dental plan coverage allows, the deductibles and co-insurance payments.
	You have the responsibility to keep scheduled appointments or give adequate notice of cancellation to TPI Dental. As TPI Dental confirms appointments 2 to 3 days before their dates, should you cancel your scheduled appointment on the day of, there will be a cancellation fee of \$300.00 to be paid.
	You have the responsibility to express concerns to TPI Dental.
	You have the responsibility to provide information needed by your dentist to enable him/her to provide the most appropriate and effective care.
	You have the responsibility to meet your financial obligations in a timely fashion.
	You have the responsibility to follow the provider's instructions regarding home care treatment understanding that the success of all treatment is in part affected by patient care.
	Periodically, TPI Dental will conduct patient surveys as part of our continuous improvement initiatives. Being a part of this process allows for an improved environment of services provided.
<u>ADDIT</u>	IONAL RESPONSIBILITIES FOR NEW PATIENTS:
Dental	llowing responsibilities are additional responsibilities set aside for new patients of TPI. Please check the boxes to indicate your understanding and acceptance of these asibilities:
	New patients have the responsibility to provide TPI Dental with proper identification before their scheduled appointment date to ensure a safe environment for all. This includes a copy of your National Identification Card or your Driver's License.
	New patients have the responsibility to and are required to make a \$200.00 non-refundable deposit in order to avoid wasted clinic time.

PATIENT CONSENT:

Please sign and date to show your acceptance of TPI Dental's Policies and Procedures:

Patient Name:	Date:
Patient Signature:	
Signature on behalf of TPI Dental:	
Name:	Date:
Position:	
Signature:	
Company Stamp:	