

To My Patients:

In this day of increasing consumer awareness and high dental and medical costs, I think it is appropriate that you know my feelings regarding the quality of care that I provide you with and the fee you pay me.

I am a periodontal specialist, not a general practitioner, with the most up-to-date and extensive training available in my field. My office is fully equipped with the finest and most modern equipment necessary to practice my specialty. My staff is well-educated and trained to assist me in providing you with nothing less than excellent care, which is my primary goal. All of this has been acquired, and is maintained, at a tremendous cost.

You are paying a specialist's fee and are entitled to special treatment. I am available twenty four hours a day to meet your needs, both pre-operatively and post-operatively. My fees are quite similar to those charged by the few other periodontists in Albuquerque, and my collection policies are essentially identical with those of most periodontists throughout the country, including Albuquerque.

Regarding insurance, I work for myself, not the insurance companies. I set my fees, not the insurance companies. Consequently, if you have insurance, it will probably only cover a portion of my fee. You pay your premiums to the insurance company, not to me. Therefore, in all cases, you are entirely responsible for your bill, not your insurance company. It is my responsibility and desire to assist you in recovering all that is due you from your insurance company.

This policy statement is not intended to offend you, but to initiate a long-standing and meaningful doctor-patient relationship. As well, I hope that this will prevent any future misunderstanding regarding either your care or your bill. If you have any questions or problems in either of these regards, please let me know.

Respectfully yours,

Henry D. Espinosa, Jr., D.D.S., P.A.

I have read the above and understand that I am ultimately completely responsible for any charges I incur in the course of my treatment.

Signed: _____ **Dated:** _____