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## **Welcome To Our Dental Practice**

### **Introduction**

Upon visiting the dentist for the first time, patients often have some apprehension about impending experience, or concern regarding their dental health. It is our hope that after reading the following information regarding our office policies and procedures, you will be at ease during each visit to our office.

### **Modern Dentist**

Modern dentists are health professionals who specialize in the diagnosis and treatment of problems related to the mouth and associated areas. Our practice performs evaluations and treatment of diseases related to the mouth including tooth disorders, gum disorders, temporomandibular joint dysfunction syndrome (TMJ), and headaches. We also provide comprehensive services for cosmetic dentistry, including veneers, porcelain crowns, bridges, and in-office bleaching. Additionally, we can replace missing teeth with implants and provide video imaging of any procedure you may be considering. Registered dental hygienists with special training, dentists, and dental assistants work together within a multidisciplinary approach to ensure optimum service and provide the highest quality of dental services.

### **Office Hours**

Office hours are by appointment only. We schedule appointments from 7:30 Am until 4:30 PM daily and in special circumstances we schedule patients before and after hours. If you have a dental emergency after regular office hours, a telephone answering machine will take your call and tell you where the doctor may be reached.

When you call our office, please notify the receptionist of the nature of your problem or concern, and if you feel an immediate appointment is necessary. It is best to call for elective appointments one or two weeks in advance, so that a convenient time can be arranged. If it is an emergency, we will do our best to work you into our schedule. Please call as early in the day as possible so that you can be seen promptly.

We do our best to ensure that patients are seen at their appointed time. However, patients do not have dental problems on schedule; procedures may take longer than anticipated and emergencies do occur. Hence, a delay in our schedule may result. We recognize that your time is valuable, and we will make a sincere attempt to adhere to the appointment schedule. If you cannot keep an appointment, please notify us twenty-four hours in advance so that this time may be given to someone else and no fees will be incurred.

### Patient Information

You are asked to fill out a health history questionnaire during your first visit. The questions on this form are a necessary part of your dental record. It is important for the dentist to have your medical history, as it can be important to your dental health and treatment.

Please assist us by notifying the dentist, dental hygienist, or assistant of any changes in your medical history.

Patients who have changed their name, address, telephone number, e-mail address, or insurance carrier are asked to notify our receptionist. It is very important that we have current and correct information on all of our patients.

### The Reception Room

The reception room has been designed for your comfort and enjoyment. We will however, attempt to make your wait as brief as possible. Please do not be disturbed if you hear patients being called in ahead of you, even if you arrived earlier. These patients may be scheduled for different procedures, be seeing a different doctor, or visiting our hygienists.

### No Smoking Please

You are asked to refrain from smoking while in the office.

### Fees

Our first priority is to enhance your healthy lifestyle. It is important for you to be assured that our professional services are recommended and provided for you based on your health needs, not on your insurance benefits. Our office policy is to request payment for dental visits at the time of service. We accept cash, check, major credit card, and debit card payments for your convenience. We also offer participate with Care Credit, a medical credit card service that allows the patient to pay in monthly installments. Interest is deferred for 12 months as a courtesy. In light of participating with some dental plans, you will be asked to pay an estimated co-pay for your visit. Upon leaving our office, you will be provided with a statement of charges and payments for the day.

We will submit insurance forms on your behalf. However, if the insurance company does not cover the charges for your visit, after ninety (90) days, you are responsible for any remaining balance on your account. It is important to remember that insurance is a contract between you and your insurance company. If you have any questions about your insurance coverage or would like a predetermination of benefits for future treatment, our Insurance Administrator will be pleased to assist you.

### We Look Forward to You Being a Part of Our Practice

We have designed our office to offer you the optimum in dental care. Considerable time has been spent in training each member of our staff to participate actively in your dental health care. We welcome and appreciate your referral of new patients, and sincerely hope that your visit provides you with the dental health care and information you desire.

### A Few Words About Informed Consent

It is the policy of our office to give you verbal information regarding the dental procedures to be performed. The risks and benefits will be explained and oral consent is the usual way our patients proceed with treatment. Written explanations and consent are available if you desire. This takes additional time and could increase the cost of services provided.

Please advise one of our staff members if you have any questions regarding Informed Consent.

1. The undersigned hereby authorizes the doctor or his/her designee to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by the doctor to make a thorough diagnosis of the patient's dental needs. I authorize the doctor and/or hygienist to perform all recommended treatment.
2. I understand that all responsibility for payment for services provided in this office for myself or my dependents is mine, payable and due at the time services are rendered unless other arrangements have been made.
3. I understand that it is my responsibility to advise the appropriate office staff of any changes in the information contained on my patient intake forms.
4. I certify that I have read and understand all of the information above and that, to the best of my knowledge, all of the information provided by me is accurate and correct.

I have read the above paragraphs and understand their content. Please sign and date on the lines provided below.

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Date

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Signature