

**Divine Dental of Santa Fe**  
**550-B St. Michaels Dr. Suite 2**  
**Santa Fe, New Mexico 87505**  
**505-471-7000**

Divine Dental of Santa Fe and Dr. Valdez strive to deliver quality care to all patients. In order to do so, we have established practices that will make your visit to our office a more positive experience.

**Appointments:**

All Appointment times are reserved just for you. If there is a time that an appointment cannot be kept, we ask that you call with a 24 HR notice. A fee of \$50.00 will be charged at the time of the first missed appointment without a notice. X\_\_\_\_\_initials

**Payment Plans:**

Our office accepts cash, check, Care credit and major credit cards for payment. If a check is drawn against your account and cannot be cleared, there will be a \$35.00 return check fee. A prepayment is a commitment to a service on a future date. Prepayments will not be refunded but rather credited towards the patient's account. X\_\_\_\_\_initials

A treatment plan will be discussed with you at the time of service to ensure that you can make an informed decision regarding your care. **Payment is expected at time of service.** In any special circumstance, if the balance is not paid in full by the end of the month, interest of 1.75% will be added to all delinquent accounts.  
X\_\_\_\_\_initials

All arrangements can be discussed with our friendly staff. If you have any questions or concerns, please do not hesitate to discuss your concerns with myself or my staff at any time.

When confirming dental appointments, we may leave messages on your answering machine and voicemails. We ask that you please return our call as soon as possible to confirm your appointment.

*Our goal is to deliver the best care and make your relationship with our office the best experience possible. We welcome all referrals and hope to service the dental needs of you and your family!*

Your signature below acknowledges that this information has been shared with you and that you understand and agree to the information provided.

SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_