

## Office Policy

We welcome you as a patient to our dental practice and look forward to creating a long term relationship serving your dental needs and helping you achieve and maintain the smile that you always wanted. The following information should help answer common payment and insurance questions.

### BROKEN APPOINTMENTS

We do our very best to keep our office running on time. We are respectful of your scheduled appointment time and do our diligence to minimize your waiting time. In turn we ask that you also be diligent in keeping your scheduled appointments. If you cannot keep an appointment, **two business days notice is required for cancellations.** If you do not show up, or cancel with short notice, the doctor and the staff could have been scheduled with patients in your appointment time but it was not given to them because it was reserved for you. Failure to give this adequate notice may result in a **\$30 broken appointment fee** per half hour scheduled.

### NO INSURANCE

**Full payment or payment plan arrangement is expected at the time of service.** For your convenience, we have discounted payment plan options available. Patients without dental insurance or with low coverage amounts should inquire about our Wading River Reduced Fee Schedule Dental Plan to help make dental treatment more affordable.

### INSURANCE

**The patient is ultimately responsible for payment of all dental services provided if unpaid by insurance for any reason.** Your estimated patient portion is due **at the time services are rendered.** This is just an "estimated" amount until your insurance payment arrives. Although we will assist in submitting dental insurance claims, it is up to each patient to know their insurance coverage, annual maximum and the specifics of their particular dental plan. Upon request, we can submit for insurance pre-approval to determine what compensation can be likely expected from them. It is the patients' responsibility to know their insurance plan annual maximum benefit and to monitor the utilization of this. If you have particular questions or uncertainties about your specific dental plan, or to find out your exact annual benefit amount utilized to date, **the best source of information is direct from your Dental Insurance Company.**

### UNPAID ACCOUNTS

A service charge of **1.5% per month** may be charged on unpaid balances **exceeding 30 days.** The patient will be responsible for all additional Collection Agency and Attorney fees incurred if account balance is left unpaid over 60 days.

Our office is in compliance with current State and Federal Patient Privacy Protection Acts (HIPAA). Paper copy available upon request.

**USUAL OFFICE HOURS:** MON,TUES,THURS (11:AM-8:PM), WED (10:AM-8:PM) FRI (10:AM-6:PM)  
& some SATURDAYS (10:AM-2:PM)

**DENTAL EMERGENCY #: 631-495-0734**