



96 MILLBURN AVE, SUITE 100 | MILLBURN NJ 07041 | (973) 467-8877

Office Policy

Our goal is to provide and maintain a good doctor and patient relationship. Informing you in advance of our office policy allows for good flow of communication, and enables us to provide the best level of care. Please read this carefully, you may direct any questions to any member of our staff.

WE MUST EMPHASIZE THAT AS A DENTAL CARE PROVIDER OUR RELATIONSHIP IS WITH YOU, NOT YOUR INSURANCE COMPANY.

1. Please inform our front desk of any changes in your insurance coverage.
2. You are responsible for any and all copayments and deductibles as indicated by your insurance company.
3. It is in your best interest to understand your benefit plan and service coverage. Although we may participate with your insurance, it does not necessarily mean all services will be covered. Any services not covered by your plan will be your responsibility.
4. We request 24 hour cancellation notice of all appointments. There will be a **\$75** charge for cancellations without 24 hours' notice or failure to show for an appointment.
5. If you are more than 15 minutes late, your appointment will be rescheduled.
6. Patients that accumulate a total of 3 no shows/same day cancellations, within a period of one year may be terminated as a patient from our practice.

I have read and understand the financial policy of this practice, and agree to be bound by its terms.

Patient's Name (please print) _____ Date _____

Patient's Signature _____ Date _____