

## OFFICE POLICIES

**Julia Cerny DMD, PLLC 1182 Troy-Schenectady Rd. Suite 202 Latham, N.Y. 12110**

### **Cancellation and Broken Appointment Policy**

A reserved appointment time in any dental office is limited and valuable. It is extremely important that all patients honor their reserved dental appointments. Failure to do so deprives our patients from receiving their dental care in a timely fashion.

Those who fail to keep their scheduled appointments should not penalize the Dentist, our staff and mainly other patients. Our dental policy stipulates that failure to give sufficient notice to keep a scheduled appointment will result in a fee being charged. That charges is in accordance with our dental office's broken appointment policy for all of our patients. The patients responsible for the payment of the charge.

- Cancellation or rescheduling of an appointment with 48 hrs. notice or more will be a no charge.
- Cancellation, Rescheduling or Failure to show-up for a scheduled appointment with less then 24 hrs. notice will be charged \$50 for ANY appointment missed.

Every effort is made to contact patient to confirm. Our staff will contact you 2 days prior to your scheduled appointment to confirm with you. Please understand that this is a courtesy call. **DO NOT DEPEND ON THIS.** If we are unable to reach you, your appointment card will serve as your confirmation of the appointment and implies your obligation to be present.

### **Financial Policy**

We accept cash, checks, Care Credit and most major credit cards (Visa, Master Card and Discover)

Although we do accept the assignment of most insurance company, your insurance is an agreement between you and your insurance company. We will do our best to see that you receive your full benefits.

Please notify us **Promptly of ANY** changes to your Insurance. Failure to do so can result in any unpaid fees from insurance or our office to become patient responsibility.

Payment for dental services is expected and required at the time of service, unless other arrangements have been made. There is a \$35 fee for any check payment returned for non-payment.

### **Late Patient Policy**

Patients who arrive more than 15 minutes late to their scheduled appointment time may be asked to reschedule as a courtesy to our other scheduled patients.

Patient's signature: Enter your name as a signature.

Date: Click here