



**ROBERT N. DEL PRESTO, D.M.D.**

2024 Route 88E  
Brick, NJ 08724  
Telephone: (732) 840-1300  
Fax: (732) 840-3840  
[www.smiledesign4u.com](http://www.smiledesign4u.com)

## OUR OFFICE POLICIES

Thank you for choosing Dr. Del Presto as your dental health care provider. He and his dedicated staff are strongly committed to your treatment being successful. The following are policies we have developed to ensure quality, personalized, timely treatment of all your dental needs. Should you have any questions regarding these policies, please feel free to ask us.

### KEEPING YOUR APPOINTMENTS

Keeping a regular, on-time schedule is just as important to us as it is to you. We realize your time is as important as ours, and we do everything we can to respect it. Please realize that complications and emergencies do arise in dentistry, as in any profession, and when they do we will not rush through the treatment to keep on time. We provide quality care in as timely a fashion as possible. Another part of keeping a schedule is our patients being on-time and keeping their appointments. It is our policy to have at least **24 hours (one full business day) notice of cancelled appointments.** Our policy is to charge \$25 per half-hour missed appointments for failed/missed appointments or those cancelled with less than 24 hours on a business day (no weekends).

### FINANCIAL POLICY

We accept assignment of your insurance benefits as long as we can verify your coverage. You must provide us with an identification card, the policy carrier's social security number, the names of all persons covered under the plan and any other information needed to verify your coverage. All co-payments and deductibles must be paid for ahead of or at the time of service. We accept cash, checks, Visa/Master Card and Discover. We also offer an extended payment plan with prior credit approval. Your insurance policy is a contract between your employer/you and the insurance company. We are not a party to that contract. If your insurance company does not pay for services 90 days after we provide them, we reserve the right to transfer balance to you. We also reserve the right to charge any fees associated with collection efforts, if needed.

### INSURANCE REGULATIONS

Our practice is committed to providing the best treatment possible to our family of patients. We care for them as if we were treating our parents, children or ourselves. Insurance companies have set up many arbitrary rules and regulations regarding usual, customary and reasonable (UCR) fees, covered/non-covered benefits and exclusionary clauses. We cannot possibly know all the different plan specifics; it is your job to know your insurance. If the insurance company does not pay for any services rendered, you will be responsible for payment.

I have read and understand the above office policies and have had the opportunity to ask questions about them:

---

Signature of Patient or Guardian

---

Date