



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

OUR OFFICE POLICIES

2024 Route 88 E.
Brick, NJ 08724
Telephone: (732) 840-1300
Fax: (732) 840-3840

Thank you for choosing our office as your healthcare provider. We 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.

KEEPING YOUR APPOINTMENTS

Keeping a regular, on-time schedule is just as important to us as it is to you. Please realize that complications and emergencies do arise, and when they do we will not rush through treatment to keep "on time". Another part of keeping on 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 canceled appointments, speaking to us directly, not leaving messages. Our policy is to charge \$25 per half-hour missed appointments.

FINANCIAL POLICY

We will accept assignment of your insurance benefits as long as we can verify your coverage. You must provide us with an identification card, the policy carriers social security number, drivers license, the names of all persons covered under the plan and any other information needed to verify your coverage. All copayments and deductibles must be paid for at the time of service. We accept cash, checks, Visa/Mastercard and Discover, with a 2.5% fee. We also offer an extended payment plan with prior credit approval, with a 10% fee. Your insurance policy is a contract between you and the insurance company. We are not a party to that contract. If your insurance company does not pay for your services 90 days after we submit for them, we reserve the right to transfer the 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 family. 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. 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 any questions answered:

Signature of patient / guardian

Date