Daniel M. Slavsky, D.M.D., LLC

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Mansfield, MA 02048
(508) 339-7171

Office Appointment Policy

In order to ensure that we keep to our schedule and yours, and also to minimize patient waiting time, we respectfully ask patients to arrive on time for their scheduled appointments. We try to remind patients by telephone of their upcoming appointments, but please do not depend on this courtesy. We require **48 hours** notice if you are unable to keep your appointment, and we reserve the right to charge a broken appointment fee if proper notification is not provided. Please understand that we set aside a specific time especially for you and not keeping this scheduled appointment time can prevent other patients from receiving timely treatment.

Office Financial Policy

As a courtesy to all our patients we accept many different insurance plans, and we do our best to coordinate treatment to maximize your insurance benefits. We estimate to the best of our abilities any payment that we expect to receive from your insurance. Please be aware that this is **only an estimate,** and any portion not paid by insurance is the direct responsibility of the patient. It is our policy to collect any balances not covered by insurance at the time of service. We are happy to work with your insurance company to receive a written estimate of coverage for your treatment prior to your appointment.

For patients without insurance, payments are due in full at the time of service.

We accept cash and checks in addition to most major credit cards, including debit cards and flexible spending cards. We also offer payment plan options for any treatment over $300.00 not covered by your insurance provider.

If you have any questions about the above office policies, do not hesitate to ask our staff. We believe good communication is the key to excellence in dental care.

I have read and I understand the above office appointment and financial policies. I have been provided with the answers to any questions I have at this time.

_____ _____

Patient or Parent/Guardian signature *Date*