



Fern E. Selesnick, D.M.D.

Dr. Selesnick and the staff have written this memorandum to familiarize our new patients with our office policies, and to refresh our current patients with the same. It is our hope that this will prevent any problems of miscommunications.

Thank you for choosing our office. Our primary mission is to deliver the best and the most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from :

- Cash, Check, Visa or Mastercard
- Convenient Monthly Payment Plans from Care Credit (subject to approval)
 - Allow you to pay over time
 - No annual fees or pre-payment penalties

Please note:

Our office requires payment in full at the time of service for all treatment services except as described below:

For treatment requiring more than 3 appointments, alternative payment arrangements may be provided. For these types of treatment and more comprehensive treatment plans, a 1/3 deposit is required to secure your initial treatment appointment.

For patients with dental insurance that we accept, we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. It is your responsibility to understand your particular insurance contract. There are specific exclusions and restrictions which may be placed on your coverage.

Not all services are covered benefits in all insurance contracts. If your claim is denied, you will be responsible for the full amount at that time. Our practice will not enter into a dispute with your insurance company over any claim, although we will provide necessary documentation your insurance company requests to sort out any confusion or questions that may arise.

Your appointment time is reserved for you. We require twenty-four hours notice of cancellation. It is our policy to charge a fee for appointments cancelled without appropriate notice. The current fee is \$50.00 for time reserved with the Doctor or the Hygienist. We do make an effort to confirm all appointments, but please keep in mind that it is your responsibility to remember your appointments. Confirmation is simply a courtesy that we extend to you.

Returned checks and balances over 60 days will be subject to collection fees and finance charges.

If you have any questions , please do not hesitate to ask. We are here to help you achieve your treatment goals.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)