

Amsterdam West Side Dental Associates

657 Amsterdam Avenue

New York, NY 10025

Tel: (212)749-2400

Welcome To Our Practice

Please take a few minutes to read and sign this policy in order for us to assist you with your dental needs.

Our Financial Policy

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment. All information must be completed before seeing the doctor.

Missed Appointments

We require at least 24 hours notice for cancelled appointments. You will be charged for appointments cancelled or broken without 24 hours notice at the rate of \$25 per appointment. Please help us serve you better by keeping scheduled appointments.

Regarding Insurance

Your insurance policy is a contract between you and your insurance company. We cannot bill your insurance company unless you give us your insurance information and an original claim form (if required) filled out completely and signed. Some insurance companies require us to submit a new form on every visit to the office. If your insurance policy consists of a deductible payment, it must be made on your initial visit to the office. It is your responsibility for you to know this information about your insurance plan. If your insurance does not cover your account, the balance due will be the direct responsibility of the patient or the person responsible for the account, and will be billed accordingly.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

X _____
Signature of Patient/Responsible Party

Date _____

X _____
Print name of Patient/ Responsible Party

Date _____