

# MASTER DENTAL

## KONSTANTINE MALAFIS, D.D.S.

35-10 DITMARS BOULEVARD ♦ ASTORIA, NY 11105 ♦ TEL. (718) 274-2803 ♦ FAX. (718) 274-2879

### ATTENTION

Please read carefully this office policy and if you agree with it sign and date it at the end of the page.

#### ***CHECKS***

Due to the increasing number of unpaid returned checks by the bank and the big problems they cause us, we will ONLY accept personal checks if a driver's license is provided. In addition, for your convenience we accept Visa, MasterCard, American Express, Discover, Debit Cards, Money Orders, Travelers Checks, Certified Checks, and, of course cash.

#### ***INSURANCES***

Please speak to the receptionist to find out if we participate with your insurance company and can accept your insurance for payment. If so, we will gladly accept your insurance as partial or full payment of your dental treatment, but you will be responsible for the portion that your insurance doesn't cover. E.g. Deductibles and co-insurance.

Your treatment will continue according to the payments made toward your account and, WITHOUT EXEPTION. No treatment will be completed until it has been paid in totality.

Please cancel your appointments, if possible, 24 hours in advance since there are others that need that space; please be fair with others and us in order for all to be fair with you.

Our receptionist will call you to the receptionist desk prior to entering the operatory chair, in order to schedule your next appointment and to allow you to make a payment towards your treatment.

We appreciate your cooperation

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Signature of Patient or Guardian