



Thank you for choosing Dr. Roger Gershfeld's Family Dentistry for all of your dental needs. We offer a full range of services such as cosmetic dentistry, restorative dentistry, implant services, invisalign, and in office whitening.

Please review the polices below:

- Fees for dental services are payable at the time of visit including deductibles and co-pays. We will gladly provide you with the **estimated cost** of treatment prior to each appointment so that you are prepared to pay for the services provided. We offer several options for payment including cash, Visa, MasterCard, Discover, as well as Care Credit.
- If you are covered by insurance, we will ask for a copy of your insurance card at your first visit. Please keep in mind that your insurance coverage is a contract between you and your carrier. As a service to you, we will assist you in processing your dental claims; however, you are ultimately responsible for any balances not paid by your dental insurance.
- We see patients on an appropriate basis. Urgent conditions and emergencies are given special consideration. If you must reschedule or cancel an appointment, we require a 48hr notice for all appointment. We do realize that emergencies or unforeseen circumstances may arise that may make it difficult for you to keep your scheduled appointment.. **If you cancel or fail to keep your appointment and do not notify us within 1 business day, a \$100.00 non-refundable fee will be added to your account and may delay treatment based on availability of appointment times.** Multiple missed appointments may result in our asking you to seek dental treatment elsewhere.

Please take note that the card that is provided below will be charged on the day of your scheduled appointment only if your appointment is not cancelled within the requested 48 hours prior to your appointment.

Credit Card# _____ M/C---- Visa---- Disc---- Amex
Expiration Date-- _____ CC Security Code (3 digits)--- _____
Amex Sec Code (4digits)-- _____ Billing Zip Code: _____

Print Name

Patient Signature (Parent/Guardian)

Date