***Carlone Family Dental***

***17 Prospect Hill Road***

***New Milford, CT 06776***

 ***(860)354-5098***

ACKNOWLEDGEMENT AND RELEASE

**Regarding Restorative and Hygiene Appointments:**

The treatment that is planned for you is specific to you. It is important for you to keep the scheduled dates and times to properly complete your treatment. A broken appointment is a loss to three people- the patient who missed the valuable time, the patient who could have taken the valuable time; and the doctor who was fully staffed and prepared for the appointment.

\*We ask for **24 hours advance notice** for cancelling or rescheduling an appointment; otherwise, a **$50***.* ***Broken Appointment fee*** will be assessed to your account for the time reserved.

**\*Note:** ***All broken appointment fees must be paid prior to scheduling another appointment*.**

**Regarding Insurance**:

It is the patient’s responsibility to provide us with current and accurate dental insurance information.

If you have more than one dental insurance plan, please provide this prior to any appointment.

We will prepare and submit forms and reports to assist you in obtaining maximum benefits available. However, the dentist’s treatment recommendations or fees are not affected by the presence or absence of insurance benefits. Treatment recommendations are based on your dental needs and desires and are not a reflection of your dental benefits. Your dental benefits are a contract between you, your employer and the insurance company. If requested, we do confirm insurance eligibility and pre-authorization for recommended treatment over $200.

***We provide services for our patients but ultimately they are responsible for payment in a prompt manner*.**

**Financial Policy:**

**All fees are due at the time of service unless otherwise arranged prior to appointment. For your convenience we accept MasterCard, Visa, Discover, cash and check.**

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**Signature** Date