

DAVID E. TEPEL, D.M.D.
520 FRANKLIN AVE., SUITE 203
GARDEN CITY, NY 11530
516-775-7344

FINANCIAL POLICY

OUR POLICY OF CARE AND PAYMENT

All copayments are expected at the time services are rendered.

Our main goal is to help you take good care of your teeth and gums. Depending on your dental care needs and the benefits that you or your employer have contracted for, you may incur out-of pocket fees. We will file your claims with your dental insurance company as a courtesy to you. You are ultimately responsible for the full amount of the claim. If your dental insurance pays a portion of your claim, you are responsible for the remaining balance. **All copayments will be discussed with you prior to treatment.**

APPOINTMENT POLICY

We will make every effort to accommodate your scheduling needs. In return, we ask that you help us by keeping your scheduled appointments and by notifying us 24 hours in advance if you are unable to do so. **All patients who fail to arrive for their reserved appointments or who cancel without 24 hours advance notice may be charged a missed appointment fee.**

Patients Name

Signature of Patient/Responsible Party

Date