



375 South End Avenue, Suite B

New York, NY 10280

Call or Text: (212) 786-0930

Fax: (212) 656-1430

E-Mail: contact@batteryparkpediatricdentists.com

Office Policies

Please take a few minutes to read and review our office policies:

We want to thank you for choosing our practice for your dental health care needs and we appreciate the opportunity to provide you with quality healthcare. Our goal is to make you aware of our office financial policies and procedures. Your clear understanding of our policies is important to our professional relationship.

Consent to Care

I wish to be treated by Battery Park Pediatric Dentists. While I am a patient, I permit my doctor(s), the office employees, and all the persons caring for me in the ways they judge are beneficial to me. I understand that this care may include tests, examinations, and dental treatment.

Missed/Cancelled Appointments

Office hours are by appointment and we do value your time. Because of the level of service we provide our patients, your appointment is especially held just for you, so that we have the right amount of time for your procedure at our office. When you make an appointment, please be sure that you will be able to keep it. If you cannot make an appointment as scheduled, please notify the office 24 hours BEFORE your appointment time or as soon as possible. Cancellations must be made during normal office hours or over the phone by speaking directly to one of our dental professionals. There will be a charge of \$50 for any appointments cancelled with less than 48 hours' notice for your appointment.

Please know that we understand that emergencies and unforeseen patient treatment problems may arise, causing schedule changes on both your end and ours. That being said the office will be flexible in accommodating any unforeseen events that might arise in your schedule, however we expect you to respect our time as we respect yours and constant last-minute cancellations and or no shows will be penalized with a fee.



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Financial Agreement

We are doing everything possible to minimize the cost of dental care. You can help a great deal by eliminating the need for us to bill you. Full payment is expected at the time of service unless other arrangements have been made in advance. Patients with an outstanding balance must make payment arrangements prior to scheduling further appointments. If you are experiencing financial difficulty, please let us know. Often, we can defray payments, set-up 3rd party financing or arrange a gradual repayment schedule.

Returned Checks

There is a \$20.00 charge for any check returned to us from the bank that is unpaid.

Collections

As previously stated, all fees are due at the time of service. Any charges remaining unpaid 60 days after the date of service are considered overdue. We will make every effort to arrange an equitable payment schedule. However, if no effort is made to pay the balance due, the bill will be sent to a collection agency. You will be responsible for any additional collection agency fees. In this situation, the responsible person will be asked to seek periodontal care elsewhere.

I have read and understand the above financial policy of Battery Park Pediatric Dentists. I understand that charges not covered by my insurance company, as well as applicable co-payment and deductibles, are my responsibility.

I understand that a deposit is required toward lab work and is Non-refundable if I decide not to proceed with treatment. Furthermore, I understand I am responsible for any additional lab work costs associated with my specific treatment plan even if I decide to terminate my relationship with the practice. I agree to keep Battery Park Pediatric Dentists accurately informed of my insurance status, and to assign benefits to Battery Park Pediatric Dentists as necessary. I authorize Battery Park Pediatric Dentists to release pertinent information to my insurance company when it is requested. If it becomes necessary to forward an amount to a collection agency, I will also be responsible for the fee charged by the agency for the cost of the collection, in addition to the original amount due. This may amount to be as much as 40% of the original fee.