



**BERGEN-ROCKLAND
DENTAL ASSOCIATES, LLC**

Personal Care | Professional Excellence

144 Paris Avenue, Northvale, NJ 07647
Tel : (201) 768-0466 ♦ Fax : (201) 768-1242
www.br dental.com ♦ email : brdental44@gmail.com

Financial Policy

If dental insurance information is received at the time of service, as a courtesy, a dental claim will be submitted to your insurance company. Insurance co-payments and annual deductibles not met for the year are payable when services are rendered. Any services not covered by your insurance are your responsibility and will be due and payable upon receipt of a billing statement. Should your insurance carrier deny your claim, you give us the right to appeal your claim on your behalf. If after the appeal your insurance still denies payment, you are responsible for the full amount of the charges incurred. If the correct insurance information is not presented at the time of service, you are responsible for the full amount of the charges incurred. If you do not have dental insurance, financial arrangements must be made prior to services rendered. Otherwise, full payment will be expected at the time of services. If account should become delinquent, and is forwarded to our collection agency, the collection agency fee will be added to the balance due.

Appointment Cancellation Policy

We respectfully request at least 24-hour notice if you are unable to keep your scheduled appointment for any reason. This will allow us to schedule other patients who are waiting for necessary treatment.

No-Show Policy

Failure to come to an appointment not only compromises your health but inconveniences other patients who may have requested an office visit during your scheduled appointment. If you miss your appointment or cancel it less than 24 hours in advance, an administrative fee of \$35.00 will be charged to your account. This fee is not covered by your insurance.

Contact Information

Home: _____

Work: _____

Cell: _____

Email: _____

I have read and understand the above policies and agree to their terms.

Printed Patient/Guardian Name

Date

Patient/Guardian Signature

Date