

COCOZZO FAMILY DENTISTRY

Welcome to Cocozzo Family Dentistry where it is our goal to provide the highest standard of care and service to you and your family. In order to accomplish our goal, it is necessary for us to share the following information with you.

Our office hours are Monday and Thursday 7:30-3:00 and Tuesday and Wednesday 8:00- 5:00. On Friday our business office will be open from 10:00-1:00. For emergencies outside our regular business hours, we are covered by an answering service that will contact Dr. Cocozzo. For all other calls that are made to the office outside of business hours, you may leave a message in our voice mailbox. Your call will be returned during the next business day. Our office routinely gives a confirmation call, text or email prior to your dental appointment.

Our Office participates with MetLife, Delta Dental Premier, Delta Dental PPO, Cigna, Guardian, Aetna and some Empire Blue Cross Blue Shield insurances. The office accepts most other insurances and as a courtesy to you we will gladly file the claim for you. For those who have GHI and Blue Shield of Northeastern NY we ask for payment at the time the dental treatment is performed because your insurance company will send you the reimbursement check. Insurance companies rarely reimburse the full amount of restorations or major procedures. Insurance is a contract between you and your insurance company. Generally they pay 50% to 80% of the fee. Our office will estimate what your portion will be, based on information we have available to us; any balance is expected in full at time of service. Your insurance company will make the final determination of your eligibility. You agree to pay any portion of the charges not covered by your insurance upon receipt of a statement from our office. The charges may be from a downgrade of the filling or a deductible that may apply.

We accept cash, check, Visa, MasterCard and Discover. For qualified patients, we also offer Care Credit. Care Credit offers a low interest or interest free monthly payment. For patients who have insurances with which we participate, we do not allow the use of Care Credit. Please be aware there is a \$50.00 fee charged for any check returned for insufficient funds. If special financial arrangements are necessary, be sure to speak to one of our employees.

In the case of divorce or separation the parent accompanying the child is responsible for the copay or balance on the account.

Any account with an outstanding balance that has not been paid in full within 90 days of your claim being paid will be considered delinquent and will be referred to an outside agency for collection. If an account is sent to the collection agency, the patient will bear the responsibility for any attorney fees involved in collection on that account. These policies are in effect to ensure that all patients have the standard of care they deserve.

Remember that a healthy smile is a happy smile.

Acknowledged: _____ Date: _____

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COCOZZO FAMILY DENTISTRY

CANCELLATION POLICY

At Cocozzo Family Dentistry we are committed to serving our patients and accommodating their busy schedules; therefore, when scheduling an appointment, please be aware that we are reserving valuable time for you.

As a courtesy, we give out appointment cards; make daily confirmation calls, text messaging and emails to help remind you of your dental appointment.

If you need to cancel and/or reschedule an appointment, we require 48 hours notice.

Your account will be charged \$50.00 if you and/or a family member:

1. Do not come to a scheduled appointment
2. Do not give 48 hours notice for cancellation
3. Do not give 48 hours notice to reschedule an appointment

You will receive a statement when this has been applied.

If two or more family members are scheduled on the same day and 48 hours notice is not given, the fee will be applied to each family member.

Our popular appointment times are generally early in the morning and late evening. If you cancel an appointment for either of these times without proper notice, we will no longer be able to offer you a similar time slot.

Please be advised that the answering service does not accept any cancellation and /or appointment changes. All appointment changes and/or cancellations must be made with one of our employees during regular business hours, or you will be considered a no show.

I understand and agree to this policy.

Thank you.

Signature: _____ Date: _____