

LUCY SLUTSKY, D.M.D.  
100 NORTHFIELD AVENUE  
WEST ORANGE, NEW JERSEY 07052  
(973) 736-3114

*"Welcome!"*

*We are happy that you have selected our office to take care of your dental health needs. We will be sure to give you the highest quality of care that we are committed to providing our patients*

*Our goals are to keep you comfortable and informed at each of your dental visits. We are available for evening and Saturday appointments for your convenience. We have an emergency telephone for you to reach us at any time.*

*Our equipment and instruments are completely cleaned and sterilized according to the recommendations of the National Institute of Health, Occupational Safety and Hazard Association, and the American Dental Society. We will be happy to answer any questions you may have regarding our sterilization and infection control procedures.*

*We participate in many dental insurance plans and are happy to help you understand your benefits and plan limitations. As a courtesy to you, we will bill your insurance company directly, in most cases. Your responsibility is that of your deductible and co-payment, and whatever your insurance does not cover. Remember, your insurance is paid for by you and is your benefit. It is ultimately your responsibility to know your plan and what it does and does not pay for. We are happy to assist in any way possible, however your insurance covers you, not the dentist.*

*If you do not have dental insurance, payment is due in full at the time of your visit. We will be happy to give you an estimate of what your visit will cost prior to your appointment. We accept checks, MasterCard, Visa, Discover, and American Express for your convenience. If you need to arrange for a payment plan, we will be glad to work with you.*

*(Returned checks will result in an additional \$35.00 charge.)*

*We hope to have a long and satisfying relationship with you, your family, and friends.*

*If you have any questions, please feel free to ask now or to call on us at any time.*

*Please read below carefully and sign and date where indicated:*

***''ASSIGNMENT AND RELEASE''***

*I, the undersigned, have insurance  
with \_\_\_\_\_*

*(name of insurance companies)*

*and assign directly to Lucy Slutsky, DMD*

*all benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize either doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature below on all my insurance submissions whether manual or electronic.*

\_\_\_\_\_  
*(date)*

\_\_\_\_\_  
*(signature)*

***''FINANCIAL AGREEMENT''***

*I acknowledge that payment is due at the time of treatment unless other arrangements are made with the doctor. I agree that the parents/guardians signed below are responsible for all fees and services rendered for treatment of a minor/child. I accept full responsibility for all charges not covered or not paid by insurance. I understand that any outstanding balance I have is subject to a monthly finance charge of 1.5%. If I fail to pay my balance as agreed, I will be responsible to pay for any additional collection costs and attorney fees as well as interest incurred on my balance.*

\_\_\_\_\_  
*(DATE)*

\_\_\_\_\_  
*(SIGNATURE)*

*"MINOR/CHILD CONSENT"*

*I, being the parent or guardian  
of \_\_\_\_\_*

*(name of child/minor)*

*do hereby request and authorize the dentist and staff to perform necessary dental  
services for my child, including but not limited to X-Rays, and administration of  
anesthetic*

*which are deemed advisable by the doctor, whether or not I am present at the actual  
appointment when the treatment is rendered.*

\_\_\_\_\_  
*(date)*

\_\_\_\_\_  
*(signature of insured/guardian)*

## **Broken-Appointment Policy**

*We set aside a specific time for Dr. Slutsky to spend with you. We never schedule  
more than one patient for the same time, so it's important that you'll be able to keep  
your appointment.*

*There will be a \$50.00 fee for each broken appointment not cancelled within 24  
hours of the scheduled time.*