

Office Policy / Office Hours

Doctor's hours are subject to change. Our Practice is open Monday and Tuesday from 9am-6pm, Wednesday and Thursday from 7am-4pm, and Fridays from 7am-Noon.

EMERGENCIES:

DAYTIME: Please call the office so that the receptionist can schedule the time necessary to attend to your emergency needs and have the office prepared for your arrival.

AFTER HOURS: Call the office and our voice mail will allow you to page the Doctor you need. Dr.'s Habjan, House or Renzi will return your call as soon as possible.

CHANGES IN TREATMENT PLAN:

During treatment it may be necessary to change, add or eliminate procedures because of conditions that were not apparent at time of initial examination. You will be notified of any changes prior to completion of treatment.

PARENTAL PRESENCE:

Parents are welcomed in the treatment areas during the initial visit. [For following visits, we ask that parents remain in the waiting room while your child is treated.](#) This will allow the doctors and staff to focus their full attention on your child, which will help build rapport between the doctors, staff, and your child. If the doctor feels that your child would benefit by having you present, you will be asked to come back to the treatment area. This decision is based on the doctor's judgment.

PAYMENT POLICY:

[Payment is expected at the time of service](#) unless [other arrangements have been made in advance.](#) If you have private indemnity insurance, Joseph Renzi, Jr., D.D.S., Inc. will bill your insurance carrier for you as a courtesy providing you have assigned the benefits for the treatment rendered to the office. We will bill up to two insurance carriers for any given treatment series at no charge. [If there is a need to submit additional forms, there will be a charge of \\$10.00 for each additional form billed.](#) If there is an overpayment by your insurance company for any treatment sequence, we will refund the overpayment to your insurance company. [If it is ascertained that your insurance company has made a payment in error, it will be the responsibility of the insured to provide reimbursement to the insurance carrier.](#)

We expect timely payment for services rendered from your insurance carrier. You are responsible for knowing your insurance coverage and benefits. As insurance policies vary, please refer to your individual policy provided by your insurance carrier. If there are any delays in payment we will send you a statement requesting payment in full after 30 days. [We will begin to assess finance charges \(0.833% month / 10% Apr\) on the unpaid balance 60 days after treatment has been rendered.](#) [We encourage you to contact your insurance carrier regarding payment to avoid any additional finance charges.](#) We accept Visa, MasterCard, Discover, and American Express. We also offer Care Credit financing.

I acknowledge and give my consent for this office to utilize all contact numbers I provide (including cell phone), to discuss financial matters with regards to dental benefits and financial arrangements.

In the event that it is necessary to initiate collection proceedings on your account, you will be responsible for all attorneys' fees and cost of collection.

THERE IS A \$50.00 CHARGE FOR CHECKS RETURNED FOR ANY REASON.

APPOINTMENT POLICY:

In order to accommodate all of our patients, if you need to change your appointment for any reason we request 2 full business days' notice. **Failure to notify us of a cancelation prior to 48 hours of your scheduled appointment time will result in a missed appointment charge added to your account.**

Signature of patient or parent/guardian (if minor)

Print Patient Name

Date