

Orchard Park Prosthodontics, LLP

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TO OUR PATIENTS

We strive to give all of our patients the best quality care possible. When you schedule an appointment with one of our dentists or hygienists, we reserve this time for you.

It is essential that you are involved in your care, starting with your reserved appointment time. Our office policy requires at least a 24 hour advanced notice of appointment cancellation or reschedule. Unless we receive adequate notice, a charge may be applied to your account in the amount of \$50.00. This fee is not covered by your insurance and is your responsibility.

Please ask your referring doctor to e-mail any x-rays to info@orchardparkpros.com

Orchard Park Prosthodontics does not participate with any insurance. All payments are due at the time of service. We accept cash, checks, Master Card and Visa. We will be happy to submit your insurance to your insurance company for all services and your insurance company will reimburse you.

By signing below, you agree to abide by the office policy listed above and said charges for missed or late cancelled appointments.

We thank you for your consideration and understanding in this matter.

Orchard Park Prosthodontics, LLP

Patient Name (Please Print)

Date

Patient Signature

Date of Birth