

NEW JERSEY ENDODONTICS

Dr. Thomas B. Allen

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(201) 944-9392

OFFICE POLICY

FINANCIAL: PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED.
Insurance claims will be submitted as a courtesy by NJ ENDODONTICS at the time treatment is completed. Any/all balances thereafter are the responsibility of THE PATIENT. Payments will be accepted via CASH, VISA, MASTERCARD, DISCOVERY and/or AMEX.

APPOINTMENTS AND CANCELLATIONS: NJ ENDODONTICS requires 24 HOURS NOTICE for any/all schedule changes. Repeated cancellations or missed appointments by THE PATIENT will result in a loss of future appointment privileges.

I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL COSTS OF ANY/ALL DENTAL TREATMENT NOT COVERED/PAID BY INSURANCE. I HAVE READ AND UNDERSTAND MY FINANCIAL OBLIGATION TO NEW JERSEY ENDODONTICS.

Patient Name (PRINT): _____

Patient/Guardian Signature: _____

Date: _____

- **NOTICE OF PRIVACY PRACTICES:** By signing below, I acknowledge that I have received and reviewed a copy of NJ ENDODONTICS' Notice of Privacy Practices according to federal and state requirements. I consent to the use of my records and information to carry out treatment, payment activities, and healthcare operations as set forth by NJ ENDODONTICS' Privacy Policy.
- **MY SIGNATURE WILL ALSO SERVE AS A PHI DOCUMENT RELEASE, SHOULD I REQUEST TREATMENT OR RADIOGRAPHS BE SENT TO OTHER ATTENDING DOCTOR/FACILITIES IN THE FUTURE.**

NAME OF PATIENT (PRINT)

NAME OF GUARDIAN/LEGAL REPRESENTATIVE (PRINT)

PATIENT/GUARDIAN SIGNATURE

RELATIONSHIP OF GUARDIAN/LEGAL REPRESENTATIVE