

## **Welcome to our Office**

We welcome you to Dr. Robert Axelrad and Associates and we thank you for choosing us as your dental provider.

Please read the following information to familiarize yourself with our office.

### **Our Office Policy**

We want you to achieve the highest level of dental care. We know that each individual has different needs and expectations and promise to provide you with options allowing you, the patient, to make the final decision.

### **Appointments**

Appointments are reserved exclusively for you. As a courtesy to other patients, please be advised that we do require two business days for any changes to your appointment or a charge will be incurred.

### **Payment**

Our services are to be paid on the day of treatment. For your convenience our office accepts Visa, MasterCard, Debit, American Express and cash. Should there be a problem, alternative arrangements must be made ahead of your appointment.

### **Dental Insurance**

Many of our patients have some form of dental insurance. Our office will do anything we can to help you maximize your dental benefits.

We are happy to submit your dental claims electronically on your behalf.

In addition, for your convenience, we accept payment directly from your insurance company.

You, the patient, are responsible for any differences not covered by your insurance company.

Please remember that the government Privacy Act does not allow dental offices to access your insurance information. Insurance companies will only provide information to the patient.

I \_\_\_\_\_ have read the following outlines.

I accept full responsibility for all dental charges incurred by me for services rendered by Dr. Robert Axelrad and Associates.