

Town Dental



Welcome to our practice. We are pleased that you chose us to serve your dental needs. We believe that dental care will have a new and pleasant meaning for you after visiting our practice. Please take the time to review our office information and to complete your dental/medical history form to bring with you to your reservation.

Our dental team will schedule a reservation exclusively just for you! A scheduled reservation is a commitment of time between the Doctor and yourself. Our office prides itself on seeing you promptly. We respect your time and your commitment to your dental health. If you are unable to keep your reservation, contact the office ASAP at (716) 874-9981 to cancel and reschedule. No cancellation call or cancelations made without 24 hours' notice will be billed a (fifty dollar) \$50.00 charge for missed appointments.

Every effort is made to keep the cost of your dental care affordable. Payment is to be made in full when services are rendered. When payment is made with cash or check there is a 4% discount. We do accept Visa, Master Card, or Discover for your convenience. For our patients with extensive treatment needs, we work with a lending institution that offers various payment plans. If you have dental insurance please bring your insurance card with you to your first visit. We will work with you to assure that you receive the maximum benefits to which you are entitled. Please familiarize yourself with your specific dental plan as there are deductibles, yearly maximums, and alternative benefit allowances that will affect your out of pocket expense.

There is an office copay of \$5.25 per visit which covers oral hygiene and procedural instructions, oral hygiene aids and all disposable items used during your visit.

A copy of our HIPAA Privacy Policy will be provided for your review upon arrival to our office.

We look forward to meeting you and serving your dental needs now and in the future. Should you have any questions, please feel free to contact the office at (716) 874-9981.

Thank you,

Town Dental

Patient Signature

Date