

REAL DENTAL CARE

540 VAIL ROAD, PARSIPPANY NJ 07054 973-402-9228

BROKEN APPOINTMENT POLICY:

If you are unable to keep your appointment kindly give the office a 24 hour notice. We reserve the right to **charge a \$50.00 fee for all broken appointments without a 24 hour notice.**

It is the patient's responsibility to inform the office of any changes in their address, contact numbers and insurance information.

Please be aware that the appointment reminder call is a **courtesy** extended by our office to the patient.

RELEASE OF SIGNATURE FOR INSURANCE/SIGNATURE ON FILE:

I agree to be responsible for all charges for the dental services and materials not paid by my dental benefit plan. I hereby authorize payment of the dental benefits otherwise payable to me directly to the named dental entity.

Patient Signature (or parent of minor) Date