

APPOINTMENTS

Our office makes every attempt to be on time. The nature of this business makes it impossible to always be on schedule. On occasion, emergencies arise or unforeseen circumstances complicate an otherwise routine treatment. In these cases it is more important to perform quality dentistry even if it means getting off schedule. We respect your busy schedule and apologize if an unforeseen procedure compromised the promptness of your appointment.



Roseberry Family Dental
224 Roseberry Street, Suite 7
Phillipsburg, NJ 08865
(908) 859-5600
Fax (908) 859-2615

Office Hours:

Mondays
11:00 a.m. to 8:00 p.m.

Tuesdays
8:00 am to 5:00 p.m.

Wednesday and Friday
8:00 a.m. to 5:00 p.m.

Thursdays
9:00 a.m. to 7:00 p.m.

Every other Saturday
8:30 a.m. to 1:30 p.m.

Visit us on-line at:
www.roseberryfamilydental.com

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GENERAL OFFICE POLICY

Roseberry Family Dental strives to bring its patients the best dentistry there is to offer. We pride ourselves in continuing education, using state-of-the-art equipment and techniques, and caring for each patient as if you are family.

Our staff treats our patients as we would like to be treated. As a result, we welcome all patients' questions and desire our patients to be involved and informed before, during, and after each treatment.

FINANCIAL RESPONSIBILITY

Every patient is expected to pay any deductible/percentage as per their insurance plan at the time of visit. We make every effort to obtain your plan's coverage guidelines, but **ULTIMATELY it is your responsibility to know.** If we are unable to verify your insurance coverage we will expect you to pay all services and will be reimbursed upon receiving payment from your insurance company. For services NOT covered by insurance, payment is required when treatment is completed. Payment is due upon the receipt of statement. A service charge of 1.5% (18% per annum) will be added to any open invoice after 30 days. We reserve the right to charge an attorney collection fee on any outstanding balance after 90 days.

DENTAL INSURANCE

This office does afford the luxury of sending insurance claims for each patient. Please be advised that it is the patient's responsibility to know what their insurance covers, maximum limits available per year and amount of maximum they have used during each benefit year. It is also important that patients be aware that they will incur out of pocket expense even with insurance coverage. Our office will do their best to help you understand your insurance; however, it is ultimately your responsibility. Many insurance contracts provide an alternate amalgam benefit for restorations on posterior teeth. If your contract contains this benefit there will be more out-of-pocket expense for tooth colored restorations on posterior teeth to you.

BROKEN APPOINTMENTS:

We ask that you respect our time and schedule and give at least 48-hours notice for appointments that cannot be kept. **However, if an appointment is broken with less than 24-hours notice we reserve the right to charge a \$50 per hour cancellation fee. Any subsequent cancellations will result in termination of treatment in this office. In fairness to all patients, we will not reschedule a missed appointment during prime hours (4-7 p.m.) and Saturdays.** Due to the great demand for prime time appointments patient cooperation is greatly appreciated in this matter.