

**Dr. Scott B. Klimaj**  
**7 Smith Avenue, Suite 102**  
**Greenville, RI 02828**  
**401.949.3200**

**OFFICE POLICY**

Dear Patient:

Welcome to the office of Dr. Scott B. Klimaj. It is the goal of the practice to provide you with the finest quality dental care in a friendly, caring, pleasant and professional environment. Thank you for choosing our office for your dental care.

- It is our policy that each patient has two (2) dental exams per year. In some cases, the second exam may not be covered by insurance and would be the responsibility of the patient.
- If for any reason, the dental insurance carrier denies payment, the patient is fully responsible.
- For patients not covered by insurance, we expect payment in full at the time of the visit. **We do not bill.** If a billing statement is generated a \$5.00 billing fee will be added to the balance due.
- Payments can be made via cash, check, Visa, Master Card, America Express and Discover.
- A deposit of one half (1/2) is required at the start of major treatment with the **balance paid in full at the time of completion.**
- Our office appreciates 24 hour notice on all cancellations. Failure to notify the office or failure to show for a scheduled appointment will result in a \$35.00 fee.
- Returned checks are subject to a \$25.00 fee.
- It will be the responsibility of the patient for any and all collection, court and attorney fees which are a result of an account being placed in "collections".
- Records will be transferred with a signed release form and a payment of \$25.00.

I have read and understand the policies stated above.

X \_\_\_\_\_  
Signature of Patient (or legal guardian if under 18 yrs of age)      Date

