

## **Vincent Vella D.D.S., P.C.**

455 Empire Blvd  
Rochester, NY 14609  
Office: 585.482.8980

### **OFFICE POLICIES**

#### **Appointments**

As a courtesy to our office, we require 24 hours notice for all appointment cancellations/reschedules. A last minute cancellation or failed appointment means that the appointment time cannot be offered to another patient who may be in need of treatment. Reserving time for you is important to us, as your time is important to you. Should you need to cancel your appointment without being able to give us 24 hours notice or fail to show for your scheduled appointment, a broken appointment fee may be assessed to your account.

#### **Financial**

I fully understand and accept liability for the total professional fee. I understand that my insurance may assist me in the payment of services I receive from Dr. Vella, and that the office staff will, as a courtesy to me, assist me in filing a claim.

I understand that in the event the insurance company does not pay the amount estimated, I will be responsible for the difference.

I understand a billing fee may be added to my account each month until paid, unless prior financial arrangements have been made.

Responsible

Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient name \_\_\_\_\_

Relationship to patient \_\_\_\_\_