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Financial Policy

To Our Valued Patients:

Today in our world of rising prices we are trying to keep our office fees to a minimum by implementing clear and exact payment policies. This will help to reduce our overhead, which will stabilize our fees.

Our office will be offering the following payment policies:

1. Payment is expected at the time of your visit. We accept Visa, MasterCard, Discover, American Express, personal check and cash
2. While filing of Insurance claims is a courtesy that we extend to our patients, WE MUST EMPHASIZE that as dental care providers, our relationship is with the patients not the Insurance Company. Payment is your responsibility.
3. We are making every effort to stay on schedule so please be prompt for your appointments.
4. Your appointment time is reserved for you, because you are important to us. We hope that we are important to you and will give us 24 hour notice if you should need to cancel. This will allow us to schedule another patient which also helps to stabilize fees.

I have read the above policies and agree to abide by them.

Date _____ Signed _____