



**JACLYN J. PARK, D.D.S.**

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**OFFICE POLICY & INFORMED CONSENT**

Dr. Park and the staff welcome you to our office, and let us introduce you to our Office Policy.

**1. 24-hour Cancellation Policy**

As a courtesy, our office will confirm your appointment by telephone. If we are not notified of your change or cancellation at least 24 hours prior to your appointment, then we must regrettably charge your account (minimum of \$95)

**2. Payment in full** (at least co-pay and deductible if you have insurance) is due at the time of treatment. For your convenience, we offer the following payment options. Please make a choice:

Payment by Cash

Payment by Check

Payment by Credit Card

Visa

Master Card

American Express

I authorize my credit card information to be kept on file for future charges.

\* Please note that late payments will be subjected to late fees and collection fees if applicable, and returned checks are subjected to bank fees.

**STATEMENT OF UNDERSTANDING**

I have read and understand the above policy and informed consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Name (Print)