

Chapel View Family & Cosmetic Dentistry, LLC
Dr. William L. Del Gizzo
30 Chapel View Boulevard, Suite 200
Cranston, RI 02920-3062
401-944-8103

MISSION STATEMENT

Dr. William Del Gizzo strives to provide the utmost in quality dental care. The staff treats each patient with great compassion in a friendly environment. Our goal is to positively impact a patient's dental experience to promote life long dental health.

HOURS

Our office hours are Monday – Thursday, 8:00 am - 6:00 pm
Lunch 1:00 pm – 2:00 pm

APPOINTMENT POLICY

Our office makes every attempt to remain on schedule throughout the day. We value your time and will do our best to keep you from having to wait. As a courtesy, our office will attempt to contact you to confirm 1-2 days before your appointment. However, we do ask that patients/parents assume responsibility for their appointment time. **Broken appointments or short term cancellations** (within 48 hours) without proper notification can be costly and unfair to other patients who need appointments.

*** There will be a broken appointment fee applied of \$95.00.**

FINANCIAL POLICY

We encourage you to ask any questions prior to treatment in order to avoid any misunderstandings. Every effort will be made to closely estimate your co-payment and deductible and if you have reached your max benefit for the year. The financial obligations for the treatment we render to you are your responsibility. **Payment for dental services are due on the date of treatment.** You will be told prior to the visit the amount of the fee.

PAST DUE BILLS

Due to increased costs associated with billing and collecting, we have enacted the following policy: An interest charge of 1.5% will be applied to all accounts past 60 days (18% per annum.) Accounts with no activity for more than sixty (60) days may be forwarded to a collection representative for action. If you default and the account is referred to a collection agency or attorney, you will be responsible for all costs associated with the collection of monies owed, including but not limited to interest, court costs, collection agency and attorney fees.

MINOR PATIENTS (UNDER THE AGE OF 18) OVER THE AGE OF 18 and still financially dependent.

The parent or guardian accompanying the minor is responsible for full payment. In the case of divorces or separated parents, the parent accompanying the child is responsible for payment at that visit.

I HAVE READ THE ABOVE INFORMATION. I UNDERSTAND AND AGREE TO THE TERMS OF THIS FORM.

X _____
SIGNATURE OF PATIENT OR RESPONSIBLE PARTY

DATE: _____