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Office Policy

We are delighted to welcome you to our office and we look forward to caring for your dental health.

Appointments

Our office reserves specific time for your appointments. The doctor and staff are ready to serve your needs at any time. We confirm all appointments whenever possible, however, the patient has the ultimate responsibility to keep the appointment.

Cancellations

If a cancellation is necessary, we require a 48 hour notice. If this courtesy is not extended to us, we reserve the right to charge a fee for the broken appointment.

Recall Visits

We believe the best way to keep you healthy is with regular preventive dental care. Recall visits catch small problems before they become more complex. The comprehensive cleaning removes harmful deposits on your teeth, which cause gum disease. Therefore, staying on a regular recall schedule is a great investment in maintaining your dental health. At each recall visit, we will recommend when you should return for your next visit. We send reminder postcards approximately one month before your scheduled appointment, or a card during the last week of the month prior to when you are due to call and schedule your appointment.

Emergencies

In order for us not to take time away from our regularly scheduled patients, emergency time is available daily. You can help by calling us as early in the day as possible.

Insurance

As a courtesy to you, we will be happy to submit your dental insurance claims for you at the time of your visit. However, we will ask on a regular basis for you to verify your insurance as to any changes that may occur. This will be the most beneficial way for us to keep our records updated and accommodate you to the best of our ability. We do request the estimated payment of your portion not covered by insurance at the time of treatment. Your co-payment is an estimated payment, and any difference of charges will ultimately be your responsibility.

Financial Arrangements

Payment is expected in full at the time of service. We will do everything possible to inform you in advance of the cost of your dental needs. We reserve the right to charge a fee for overdue payments.

I have read, understand, and agree to the above

Patient Name-Signature

Date