



WELCOME TO THE HAMPTONS DENTIST

We are delighted to welcome you to our dental family. Ensuring your comfort, health, and satisfaction is the top priority of our practice! We hope to exceed your expectations and look forward to creating a lasting relationship with you.

Please see below for our office policies, and feel free to inquire about any questions/concerns you may have.

Appointments

While we see all patients on an appointment basis, we are more than happy to accommodate any dental emergencies you may have. We pride ourselves on trying our best to see all patients on time, and we ask that you provide us the same courtesy. If you are unable to show up to your appointment on time, we ask that you call to inform us. If you are unable to keep your appointment, we ask for 48 hours notice so that we can attempt to fill your reserved time. We reserve the right to charge for broken appointments without advance notice to repeat offenders.

Emergency Care

We recognize that emergency situations may arise. At The Hamptons Dentist, we will do everything in our power to accommodate your emergency. If your emergency outside of office hours, you can reach Dr. Weiler on his personal cell phone at 516.316.4624. If your emergency occurs during office hours, you will be accommodated as quickly as possible.

Recall Visits

We believe in the benefits of regular, preventative care. We encourage all of our patients to return for periodic exams and hygiene visits in an attempt to provide and maintain proper oral hygiene. After each recall visit, you are encouraged to schedule your following visit, whether it be every three, four, or six months as per our recommendations.

Insurance, Fees & Payments

Dental insurance is intended to cover some, but not all, costs of varying dental procedures. Most plans include deductibles and co-pays, which are the responsibility of the patient. If you have dental insurance, it is your responsibility to provide our office with accurate information prior to your appointment. This includes changes to your insurance. We promise to contact your insurance provider and do our best to estimate your fees. After your insurance processes the claims, we will inform you of any balance discrepancies. Any balances are the patient's responsibility.

For patients without insurance, or for treatment outside of dental insurance, payment is due at the time of treatment. Financial arrangements are made at our discretion.

Acknowledgement

I understand the office policies described above, as well as my financial responsibility for my total dental cost, regardless of any insurance coverage.

Patient Signature

Date