

# ANTOINETTE MARIE TAUK, D.D.S., L.L.C.

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*Family and Cosmetic Dentistry*

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## Welcome

We are pleased to welcome you to our practice. We would like to take this opportunity to let you know it is our privilege to serve you and provide you with our best possible care. We strive to make each of your visits pleasant and comfortable. Our goal is to teach you good oral habits that will help to maintain a beautiful smile for your lifetime.

We see all patients on an appointment basis, and ask that you call in advance so that we may reserve time for you. We respect your time and make every effort to remain on schedule, and ask that you extend the same courtesy to us. We ask for **24 hours** notice if you are unable to keep your appointment. A charge will be incurred for all broken appointments.

We make every effort to keep the costs down while maintaining a high level of professional care. Payment is expected when services are rendered. We accept cash, check, and all major credit cards. Financing through Care Credit is available if needed. Returned checks will incur a bank fee of \$35.00.

As an additional service to our patients, we will be happy to accept assignment for reimbursement from your insurance carrier. However, our professional obligation is to you and not the insurance company.

There may be a deductible and percentage co-pay involved, due at time of service rendered. We will provide an estimate as to what your co-pay will be until the insurance claim is paid. There may be a co-insurance feature that will limit the amount of payout. There are often many features of the various plans that will limit or eliminate benefit amounts.

Read your policy carefully; we will do our best to help you get the maximum benefit payable by your company. It is your responsibility to keep track of the dental expenses you have incurred throughout your calendar/fiscal year. A copy of your dental expenses is sent to you as well as us.

We will make estimated arrangements with you in advance of treatment to handle the finances relative to your specific needs. Financial obligation for the balance of payment for your dental treatment is your responsibility. We cannot begin treatment if financial arrangements have not been made.

We cannot, under law, change dates of treatment or submit claims for treatment not rendered. It is illegal to waive insurance copayments or deductibles. Please do not ask us to do this, as these offenses carry penalties as severe as suspension of licensure.

If you should have any questions, we will be happy to help you. We look forward to working with you in maintaining your dental health. The greatest compliment our patients can give is the referral of their friends and loved ones. Thank you.

I understand and acknowledge the above aforementioned.

Signature of Insured/Guardian \_\_\_\_\_ Date \_\_\_\_\_