

Mark J. Gleckner, D.M.D.
66 Ridgedale Avenue
Florham Park, New Jersey, 07932
973-377-1174

Office Policies

Missed Appointments: We have reserved time for you in our schedule and possibly turned away other patients wishing to be seen, so we ask for at least 24 hours notice for appointment cancellation. The fee for late cancellations is \$75.00

Confirmation: As a courtesy we call our patients two business days prior to their scheduled appointment to confirm. However, there are times when staffing is low and we are not able to call. We do provide cards as an appointment reminder, so please post them where you will see them in the event we do not reach you. If we are not able to confirm the appointment, you are still responsible for the missed appointment fee if the appointment is missed or not cancelled and/or rescheduled within 24 hours.

After Hours Calls: Our office hours are Monday, Tuesday from 9:30am-7pm, Wednesday, Thursday, and Friday 8am-3pm. The on-call doctor is available to take calls after hours for urgent or emergency calls only. Please do not call the on-call doctor for refills or to schedule or cancel an appointment. We ask that you call for the above requests during office hours.

Prescription refills: Prescription refills requests require a 24-hour turnaround. If you have an emergency please let us know and an exception will be made.

Financial policy: After examination and evaluation, a treatment pre-determination will be submitted to your insurance company if insurance applies. If no insurance applies, payment for services rendered will be due at the time of service. As a courtesy to our patients, we will automatically submit claims to your dental benefit provider if applicable, and try to obtain the maximum they cover for the care you receive in our office. As you are aware, your employer has purchased your benefits package. The benefits that you receive are between you, your employer, and the third party benefit carrier. Please familiarize yourself with the specific restrictions and limitations included in your plan, as this will help you determine the extent of your coverage. We will make treatment recommendations and welcome any opportunity to discuss treatment options and their relative advantages and disadvantages.

Please see our Written Financial Policy for payment options. We will be happy to assist you in arranging a plan with Care Credit, or in house office financing. Financial commitments should be clearly understood before commencing treatment.

By signing below, I acknowledge that I have read and accept the above office policies for Mark J. Gleckner D.M.D.

Patient Signature: _____ **Date:** _____