

**Angie Papandrikos, D.D.S., P.C.**  
Pediatric and Adolescent Dentistry  
121 County Road  
Tenafly, New Jersey 07670  
(201) 567-6900 fax (201) 567-3944

## OFFICE POLICIES

**Infection Control:** Our office is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA.

**Payment:** Payment is expected at time of service by cash, check or major credit card.

**Insurance:** We do not accept insurance as payment, with the exception of Delta Dental Premier Plan subscribers. Only in this manner can we achieve the best interpersonal relationship and optimum treatment required. In extenuating circumstances, such as extensive treatment needs, payment plans can be arranged.

If you currently have dental insurance, we will be happy to assist you in the completion of your claim form. Please have available at the time of your visit the name, phone number and claims address of your insurance company, as well as the policy holder's name and ID number.

**Appointments:** A \$75.00 charge will be assessed for failed or cancelled appointment without prior notification of 24 hours. Once an appointment is made, please remember this time has been reserved for you.

"To the best of my knowledge, the information provided on the health questionnaire is accurate and complete. I authorize Dr. Papandrikos to provide dental treatment to my child/children. I agree to be responsible for payment of expense incurred at time of service."

**Patient(s)** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_