

LAURA ZANELLI, DMD and ASSOCIATES
LONG ISLAND FAMILY DENTAL, PC
900 WALT WHITMAN RD Suite 101
MELVILLE, NY 11747
631-271-9199

ACKNOWLEDGEMENT OF CANCELLATION AND FINANCIAL POLICY

I have been informed of the office cancellation policy and understand there is a fee for appointments that are broken or cancelled with less than 48hrs notice.

I have been informed that all cancellations are to be made in advance via Telephone. Cancellations via Text Messaging or Emails are NOT acknowledged and not acceptable.

I have been informed of the office financial policy and understand that ultimately, I am responsible for payment of treatment received.

Name_____

Signature_____

Date_____