

**Parkview Family Dentistry of Halfmoon  
173 Rte. 236  
Halfmoon, NY 12065 518-664-2500**

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**Welcome to Parkview Family Dentistry of Halfmoon! It is our goal to provide the highest standard of care and service to you and your family. In order to accomplish this goal, it is necessary for us to share the following information with you:**

**Our office hours are Monday 8-2; Tues. 7:30-5; Wed. 8-6; Thurs. 7:30-2. For emergencies outside our regular office hours, we are covered by an answering service that will contact one Dr. Enzien. You will receive a confirmation e-mail one week prior to your appointment. Then you will receive a text asking for confirmation as well. If we are unable to reach you via these methods a message will be left on your voice mail or with someone in the household.**

**Please be advised that the answering service does not make any appointments; please call during regular working hours to make any necessary appointments.**

**Payment for services is due at the time of your visit. We accept payment by cash, check or credit card. There will be a service fee of \$25 for any patient portion not collected at the time of visit. Be aware that there is a \$50 fee charged for any check returned for insufficient funds. If special financial arrangements are necessary, be sure to speak with our financial coordinator for payment options.**

**We accept most insurance but only participate with Delta Dental Premier, CIGNA, MetLife and Empire BCBS. Insurance claims will be processed as a courtesy. Be reminded that different insurance companies have different payment policies according to your employer's contract. Our insurance specialist will be happy to help you with the details of your policy.**

**In the unlikely event that your account must be referred to our attorney for collection, all applicable fees will become your responsibility.**

**These policies are in effect to ensure that everyone has the standard of care they deserve. Remember that a healthy smile is a happy smile!**

**Acknowledged: \_\_\_\_\_**

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