

New Canaan Oral & Maxillofacial Surgery, P.C.  
Philip F. Pacelli, D.M.D., M.D.  
Steven E. Smullin, D.M.D., M.D.  
166 Cherry Street, SUITE A  
New Canaan, CT 06840

Dear Patient: WELCOME TO OUR OFFICE.

**Please be advised that Dr. Pacelli does not participate with any medical or dental insurance plans. Payment in full is due on the day of your visit.**

**In an effort to provide you with a flexible payment option, we accept the following methods of payment: Visa, Master Card, American Express, Cash or personalized checks. There will be a \$25.00 fee incurred for any insufficient check posted.**

**HOURS OF OPERATION:** Monday, Tuesday, Thursday and Friday from 8 am – 5 pm. Wednesday from 8 am – noon. All patients seen either prior or after business hours will incur an additional fee. Any emergency patient who has been referred by either a hospital or a referring doctor who is seen during holidays and or on weekend days will also incur an additional fee.

**WALKIN OR EMERGENCY PATIENTS:** These are patients who have not been given an appointment in advance but have a medical or dental condition deemed urgent by either a referring physician or hospital. These patients will be seen in the order of condition necessity. These patients will incur an additional fee.

**ORAL BIOPSY PATIENTS:** Please be aware that our office is not affiliated with any medical insurance carriers. Payment in full for your biopsy evaluation or procedure is due on the day of your visit. Our office reserves the right to third party billing for pathology services. We are not responsible for laboratory fees incurred or insurance affiliation of the laboratory used.

**DENTAL CONE BEAM CT SCAN:** Please note most scans completed are for dental purposes only and are not a covered benefit. These scans will not be eligible for medical insurance benefits. Payment in full is due at the time of your study.

**MEDICAL CONE BEAM SCAN:** Patients whom require a scan for a medical diagnosis should provide the front office staff with a valid medical insurance card. Medical diagnosis can only be determined by the doctors during the time of your evaluation. Should pre authorization be required, the scan will be rescheduled for a later date. Please note your benefits will be reduced due to our non participating insurance status.

**HIPAA NOTICE OF PRIVACY:** Effective April 14, 2003, Dr.'s Pacelli and Smullin and staff have been fully trained in accordance with HIPAA guidelines. Please be aware that your patient records and treatment are confidential. This information can only be discussed with yourself or a parent if you are a minor and your referring physician (s).

**Should you wish that this information be discussed with anyone else, such as a conservator, power of attorney, legal guardian, or a medical proxy, please list their name on the provided line below:**

RELATIONSHIP: \_\_\_\_\_

I have read and understand all the policies set forth by New Canaan Oral and Maxillofacial Surgery, P.C. I certify that I read, comprehend and speak the English language. Please sign and date below. Our office thanks you and looks forward to caring for your oral surgery needs.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_