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## Office Policies

- Please give 48 hours notice if you must cancel an appointment. If you do not cancel within 48 hours you may be assessed a fee. After two missed appointments we will require a deposit for future appointments.
- Please bring your insurance card each time you visit the office.
- Please tell us when you have a change in:
  - ❖ Name or Address
  - ❖ Phone- cell or home
  - ❖ Insurance Carrier
- If you have a co-pay or any out of pocket expense, please be prepared to pay at the time of your visit.

We appreciate your consideration.

Patient  
Name: \_\_\_\_\_

Patient  
Signature \_\_\_\_\_

Date \_\_\_\_\_