

Edgar Alb, D.M.D., P.A.

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Woodbridge, NJ 07095

(732) 636-8002 Fax (732) 726-0817

**BILLING AGREEMENT**

To avoid any misunderstandings, this is a written agreement between you, the patient, and Dr. Edgar Alb on costs and procedures. You agree not to hold this office responsible for insurance payments and/or for co-payments due by the patient, before or after insurance payments.

**APPOINTMENT POLICY**

You understand that scheduled appointments are reserved especially for you. In the event that an appointment needs to be cancelled or rescheduled, 48-hour notice must be given. In the case of a broken appointment, there will be \$25 charge for every fifteen minutes of your scheduled appointment, after the second offense. Exceptions to this rule can be determined only on an individual basis according to the circumstances.

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Patient Signature

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Date