306 US Route 1 Building B North
Scarborough, ME 04074
(207) 396-4373

Office Policy Regarding Payment, Appointments and Insurance

Please initial each paragraph after reading.

_____ Our office hours are flexible - early and evening appointments are available. Patients are seen by appointment except in emergency situations. **If for some reason you have made an appointment which you cannot keep, please notify us at 2 business days prior to the visit during our normal business week of Monday through Thursday.** This courtesy allows us to make time available to other patients. **A charge will be made to your account for broken appointments and/or repeated cancellations on the day of the appointment.** The minimum charge is $50 for an appointment with the hygienist or the doctor. The fee increases to a maximum of $100 for appointments of 1 hour or longer, or if there is a history of multiple failed/canceled appointments.

_____ **Payment is expected at the time of the appointment.** We accept cash, checks, MasterCard, Visa, American Express, Discover, and Care Credit. Accounts past due over 30 days will be assessed with 1 1/2% late fee per month (18% per annum). **Should the account be forwarded to collection, you will be responsible for all related collection fees and interest added to your account.**

_____ We welcome all dental insurance plans, and we will be happy to assist you in filing any claims. If you are covered by dental insurance, please be sure to bring this information at the time of your first appointment. In general, benefits should be assigned to us. **We require that the deductible and co-payment portion, the amount not covered by the insurance company, be paid for on the day services are rendered.** This co-payment amount may vary depending upon the type of procedure and the insurance plan.

_____ Insurance policies vary in the amount that will be paid toward any charges. The proper relationship between the patient, doctor, and insurance carrier is often misunderstood. We render to you our very best care and charge you a fee for that service. Just as the insurance companies do not allow us to set their premium rates, we do not allow them to set our fees or determine our procedures. These fees are between you and our office, and the insurance company does not enter into this relationship. **Our services are provided to the patient, not the insurance company. You, the patient, have the final responsibility for payment of all fees rendered on your behalf.**

_____ I understand that my dentist's office will aid in submitting claims to my insurance company on my behalf. I also understand that I have the final responsibility for payment of all fees for services rendered on my behalf. Unless otherwise noted, I authorize payment of dental benefits to my dentist for services provided to me or any member of my family covered under my insurance plan.

I HAVE FULLY READ, UNDERSTAND, AND CONSENT TO ALL OF THE ABOVE TERMS.

Signed:_____ Relationship: _____

Patient, parent or guardian who is financially responsible for account

Date: _____