

New England Dental Group
Office Policy

Thank you for choosing New England Dental Group as your family dental care provider. We believe it is important not only to provide the highest quality dental care, but to make this care affordable to our patients. We have made arrangements for our patients that allow payment to be convenient and flexible. Inquire about financing programs currently available. We are committed to helping you receive the dental care you desire and the most pleasant dental experience possible.

- **Payment Policy**

All payments are due on the date of treatment rendered unless prior financial arrangements have been made. For procedures requiring 2 or more visits, we require at least 50% deposit prior to beginning of treatment. We accept cash, checks (with valid driver's license), Visa, MasterCard. A \$25.00 charge will be assessed for any returned checks.

- **Appointment Policy**

When you make an appointment with us, we reserve that time frame specifically for you. Hence, it is very important to be prompt and present, as we try our best to be on time for you as well.

We realize, however, that things do come up occasionally in this hectic world we live in. If you absolutely must reschedule, we do ask that you give us 24 hour notice. Broken appointments (no shows) or last minute cancellations (within 24 hours of your scheduled appointment) are subject to \$50.00 cancellation fee.

Notes to patients with insurance: We are happy to process any insurance claim as a service to you at no charge. Please keep in mind that any estimate that we provide to you is only an estimate and that you are responsible for all fees in their entirety. We are proud that our fees reflect the time that the doctor spends with each patient as well as the overall quality of care and service that we provide in our practice. You may wish to converse with your company's benefits representative should your benefits be less than you expected.

Minors:

The adult and the parents (or guardians) accompanying a minor are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been preauthorized.

Print Name: _____

Signature _____ Date _____