APPOINTMENT CANCELLATIONS

As a courtesy, we make every effort to confirm your appointment one day in advance. However it should be noted it is your responsibility to keep all appointments. We request a minimum of 48 hours to change or cancel an appointment. A fee will be incurred for all failed or late cancellations.

DENTAL INSURANCE

If you have insurance coverage, our staff does their best to determine a proper ***estimate*** for you. We cannot always predict the actual payments your insurance carrier will make. You are required to make payment of your full estimated responsibility upon services rendered. After payments are received from your insurance carrier, you may be required to make additional payments or have a credit issued to you.

AUTHORIZATION AND RELEASE

I certify that the information provided is accurate and complete to the best of my knowledge. I authorize the dentist to release any information including the diagnosis and records of any treatment or examination rendered to me, or my child during the period of such dental care to third party payers and/or health practitioners.

ADDITIONAL INFORMATION

Only a licensed dentist may perform certain procedures pursuant to 234 CMR 2.04 (15). If you have any questions concerning the licensure of the person treating you, you may request to see their license. If you have any questions concerning a specific procedure, you may request whether the procedure is one that is restricted to a licensed dentist.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of this office's Notice of Privacy Practices.

Signature of Patient/Parent/Guardian Date