



Welcome! Thank you for selecting us as your dental health care providers. Our goal is to provide you and your family with optimal dental care. We want you to feel welcome and as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our office policies.

Appointments:

In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel at the last minute. We require at least 48 hours notice for any cancelled appointment. If 48 hours notice is not provided, we will apply a \$125 charge for missed appointments. Continually missed prime time appointments, such as after school and Saturdays, will result in the loss of the privilege of reserving those appointment times. You may also be subject to a charge if you are routinely late to your appointments.

Insurance:

As a courtesy to our insured patients, we submit claims to your insurance company free of charge. We will help you to receive your maximum allowable benefits. In order to do this we need your insurance card and/or insurance policy with you on your first visit of every calendar year (your insurance year may not run January – December)

All of our doctors will diagnose treatment based on your dental health not your insurance coverage.

If your insurance has not paid within 90 days of services rendered or denies services, you will need to make full payment to the office and will be reimbursed if/when your insurance company pays. After 90 days the patient is responsible to pursue payment from the insurance company. All current documentation will be provided by mail in order to assist your inquiries. The insured has a better ability to deal with the insurance company and the employer responsible for the policy.

Financial Agreement:

Patients are expected to pay for our services at the time they are rendered. Patients who have dental insurance are expected to pay the amount of their *estimated* co-payment and deductible at the time of service. The estimated copayment provided by the office may be different from the final determination made from the insurance company based on areas the office cannot predict. **The patient is responsible for any difference.**

Payments may be made using cash, certified checks, Visa, MasterCard, American Express and/or Discover. We also offer CARECREDIT, which is a financing option that is available only for healthcare expenses. We will mail monthly statements to all patients with an outstanding balance however, at each visit, if there is an outstanding balance; you are expected to pay at that time.

You must understand that dental insurance is not actually “insurance” (a payment to cover the cost of a loss). It is a money benefit, typically provided by an employer, to help their employees pay for routine

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dental services. Most benefit plans are only designed to cover a portion of the total cost of a person's necessary dental treatment. *For example*, a dentist may recommend a crown for a tooth that has extensive decay, however, the dental plan may only cover the cost of a filling. This does not mean that the patient does not need a crown, only that the benefit is limited to a filling.

Optional payment terms:

1. Full pay discount: We offer a 5% accounting courtesy for all services over \$1500 that is paid in full prior to the commencement of services. We accept full payment by Cash, Check, Visa, MasterCard, American Express, or Discover
2. Term Loan: By arrangements with CARECREDIT, we can offer patients, upon approval, an interest-free term loan (up to 18 months) with no down payment, no annual fee and no prepayment penalty. Ask for an application!!
3. Payment Plan: By arrangements of the office, payment plans may be offered to patients for services over \$5000.

Please indicate your understanding and acceptance of the office terms and policies by signing below. The signature is valid for the understanding of all Appointment, HIPAA, Insurance, and Financial Policies. This will remain in effect until you are no longer a patient of the practice.

Patients Name (print): _____

Patient/ Guardian Signature: _____