

**Dental Care of Burlington**  
**113 Terrace Hall Ave, Unit 1**  
**Burlington, MA 01803**

***FINANCIAL & OFFICE POLICIES (last updated August 2016)***

Thank you for selecting Dental Care of Burlington as your dental care provider. To promote a long-term, mutually satisfying relationship, we would like to explain our office policies regarding treatment, insurance, appointments and fees. Please read this carefully and ask any questions or bring up any concerns you may have before treatment is rendered. **SUBMISSION TO TREATMENT IMPLIES YOUR CONSENT TO THE TERMS OF THIS AGREEMENT.**

**TREATMENT:** Our entire staff is dedicated to helping you improve your oral health. Every effort will be made to make your appointment as comfortable and pleasant as possible. Please feel free to discuss your treatment with the doctor at any time. This office DOES NOT use amalgam (silver) fillings, which contain mercury. Our office uses white (resin or composite) fillings to restore your teeth. Signing this form implies your consent to treatment.

**MISSED/EMERGENCY APPOINTMENTS:** When you fail to notify us of your inability to keep an appointment, other patients in need of dentistry are unable to receive treatment. We request that you give us at least 24 hours notice when you realize that you cannot keep your appointment. When the requested notice is not given, a fee of \$45 per appointment may be charged. Missed appointments on Saturdays will automatically be charged. A staff member is always on call after hours or during times when the office is closed. Patients can access the staff member by calling the main office phone number and following the instructions. Patients requiring treatment outside normal business hours may incur a \$150 service fee, not covered by insurance.

**INSURANCE:** As a *courtesy*, our office will bill your insurance carrier directly for your treatments. The office is not responsible for payments by insurance carriers as your benefits are a contract between you and your carrier. *At all times, as the patient, you are fully responsible for the charges for any treatment rendered.* We will do our best to give you an accurate out of pocket estimate on the day of your visit or beforehand if requested. The estimates we give should be considered guidelines as your insurance carrier may not cover services or may only partially cover them depending on your contract. We will do our best to be an advocate for you.

**PAYMENT DUE AT THE TIME OF SERVICE:** We accept cash, checks, and credit cards. Personal checks are accepted and deposited on the date of service. Returned checks are subject up to a \$35 fee. We offer alternative payment arrangements by request and on a case by case basis. Third party financing is offered through Care Credit<sup>1</sup>. If you have insurance, we will collect any deductible and estimated co-payment at the time of your appointment. *We request credit card information to be on file to cover any remaining balances<sup>2</sup>.* A 5% monthly finance charge will be added to all outstanding balances over 60 days. After 90 days overdue accounts may be reported to a third party collection agency or to the legal system. Patient is responsible for any fees associated with these actions, including an initial \$35 fee for our needing to utilize any third party collection system.

I have reviewed and understand the above policies and if requested have received a copy.

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Patient, Parent or Guardian Signature

Date

<sup>1</sup>Subject to credit approval and to cardholder terms as outlined after approval.