

J. Peter St. Clair, D.M.D., P.C.
Family & Esthetic Dentistry
151 Central Street
Rowley, MA 01969
www.dentalhealthforlife.com

Office Policy

- In order to maintain operation of our office in the highest standard of comprehensive care, it is necessary to collect payment for services when treatment is rendered.
- To make payment for services as convenient as possible, we accept all major credit cards, personal checks and/or cash.
- To patients with dental insurance:
We will attempt to give you an accurate estimate of your insurance coverage. The amount not covered by your insurance is payable in full at the time of service. If your insurance company fails to forward payment after 30 days of treatment, the responsibility for payment becomes yours.
- For patients with extensive treatment plans: We do offer payment plans for up to 60 months for those who qualify. If you are interested please ask us for more details.
- We are unable to carry balances over 30 days. Finance and repeat billing charges are applied to all overdue accounts.
- We request 48 hours notice for any appointment change. It is our policy to charge a fee for any appointment that breaks these criteria. A broken appointment is one that you either do not show up for or do not cancel prior to 48 hours of your scheduled appointment. If your appointment was scheduled for a Monday you must cancel your appointment by Thursday of the previous week, as we do not have office hours Friday. We do **not** accept cancellations left on our answering machine. *Such policies are standard practice for health care providers who work one-on-one with patients.*
- I authorize Dr. St. Clair and staff to take study models and photographs of me for records. I understand that I would need to sign a release form for any of my records to be used for teaching, research or publication.
- I authorize Dr. St. Clair and staff to take any x-rays necessary for the detection and diagnosis of oral diseases. I authorize the release of this and any other information to my insurance company (if applicable) for the processing of my dental claims.
- Please feel free to ask any questions you may have about our policy.

signature

Date