

DUNSTAN DENTAL CENTER, LLC
618 U.S. Route 1, Suite 4
Scarborough, Maine 04074
(207) 883-3229

DENTAL INSURANCE POLICY

- I agree to pay the "estimated portion" (estimated co-pay) at the time of service. **I understand that this is NOT a guarantee of benefits.**
- I understand that my claims will be submitted to my primary insurance as a courtesy to me.
- I agree to pay any balance remaining once my insurance claims have been processed.
- I authorize insurance payment directly to Dunstan Dental Center.
- If I am not covered by dental insurance, I understand that fees are collected in full at the time the service is rendered.

APPOINTMENT CANCELLATION POLICY

- I understand that an advance notice of **24 business hours** must be given for appointment cancellations. Emergency cancellations will be taken into consideration.
- I understand that failure to notify Dunstan Dental Center of an appointment cancellation in a timely manner may result in a \$50 broken appointment fee, or \$100 for crown appointments.
- I understand that appointment confirmations by Dunstan Dental Center are a courtesy to me, and I am responsible for keeping my appointments.
- I understand that Dunstan Dental Center reserves the right to cancel any appointment at their discretion if it is left unconfirmed up to 24 business hours prior to the appointment time.
- I understand that repeated late cancellations or broken appointments may result in appointment restrictions or dismissal from the practice.
- I understand that broken appointment fees must be paid before I can schedule my next appointment, and that future appointments may be cancelled if broken appointment fees are unpaid.

OTHER FINANCIAL POLICIES

- I agree to pay all fees incurred by a collection agency.
- I agree to pay a \$30 fee for returned checks.
- I understand the financial policy and my financial obligation for services rendered.

Signed (responsible party) _____ Date _____