

**Welcome and thank you** for choosing Associates In Family Dentistry for your dental care. Our practice is committed to providing the best possible treatment for you and your family. So that we may avoid any misunderstandings concerning finances, please be aware of our office procedures and policies.

**Patients With Insurance**

Please pay your **estimated** percentage, including any deductibles, at **each** appointment. As a courtesy, we will submit all necessary insurance forms for you. **Please keep in mind that your insurance policy is a contract between your employer and your insurance company. We are not a party to that contract. It is our responsibility to provide dental services to you and it is your responsibility to pay for them. All balances past due more than 30 days shall accrue interest at a rate of 18% simple interest, compounded monthly.** In addition, decreed custody of children, or lack thereof, does not alter the financial responsibility of **the parent accompanying the child.**

I AUTHORIZE MY INSURANCE COMPANY TO PAY BENEFITS DIRECTLY TO ASSOCIATES IN FAMILY DENTISTRY AND THAT ANY BALANCE REMAINING AFTER MY INSURANCE HAS PAID IS MY RESPONSIBILITY.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Patients Without Insurance**

Prior to your appointment we will provide a treatment **estimate**. We request payment at each appointment for services rendered that day. We offer payment plans through **Care Credit**. We will help you apply for this in our office, online, or by phone.

**Cancellations**

If you are unable to keep an appointment, a 24 hour notice is required. **A fee of \$25.00 will be assessed for failed appointments.** Although we do not wish to charge for failed appointments, a fee for wasted time must be made.

**Appointment Confirmation**

**We always call or email to confirm a scheduled appointment. We REQUIRE that you return the phone call to hold your appointment.**

If you have any questions or concerns, please feel free to contact our office at 603-332-7800. We look forward to seeing you at your scheduled appointment with us.

Thank you! \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

