

# Tewksbury Family Dental, LLC

www.tewksfamilydental.com

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## Office Financial Policy

We are committed to providing you with the best possible treatment. Our fees reflect our professional commitment to excellence. In order to achieve these goals, we need your assistance and understanding of our payment policy.

Payment is due at the time services are rendered. For your convenience we accept the following types of payment: Cash, Check, and all major Credit Cards.

We have financing available through Care Credit, if approved.

If you have dental insurance, we are happy to help you receive your maximum allowable benefits. All estimated Co-Payments are due at the time of service. We diligently pursue your insurance company to maximize your benefits. Your insurance benefits are ultimately your responsibility. After 60 days you are responsible for all charges not paid by your insurance company.

As a courtesy, we call all our patients, as a reminder, 1-2 days prior to their scheduled appointments. We appreciate you providing us with two phone numbers to assure confirmation. If you are unavailable, we will leave a message asking you to return our call. We appreciate a 24 hr notice for canceled appointments, or a fee may apply.

Thank you for taking the time to read this policy.

Patient Name:

Preferred Name

☐ By checking this box, I acknowledge that I have fully read , understand and agree to our office financial policy.

Relationship to Patient:

You will be asked to sign the form on the ePad and your signiture will appear on the next page.

Please let us know, if you would like a copy of your signed forms and we can print them out for you.

Response Date: \_\_\_\_\_