

**Eastview Dental Professionals**  
**Geoffrey R. Gamache DDS, Christina O'Brien DDS and Lauren Louie DMD**  
**24 Eastview Road**  
**Averill Park, NY 12018**

First Name

Last Name

DOB

Date 06/07/2023

**Office and Financial Policies Agreement**

We view our patient relationships with a deep sense of responsibility. A major part of that responsibility is to help our patients understand and plan for their oral health along with providing each patient the highest quality of dental care. The following is a statement of Drs. Gamache, O'Brien and Louie's Office Policies and Financial Agreement. We ask that you please read, agree to, and sign the agreement before any treatment is rendered.

**Payment Options**

Your options include cash, check, MasterCard, Visa, Discover, American Express, or money order. We are pleased to offer a choice of No Interest or Extended Payment Plans to qualified applicants through Care Credit, our financial partner. If you would like to make extended payments for services provided at our office, please ask for assistance in filling out an application form. If you do not have insurance, payment in full is expected at the time of service. Balances in excess of 60 days are subject to a finance charge of 1.5% per month (18% apr.). After 90 days, all accounts that are not paid in full may be sent to a third party collection agency.

\_\_\_\_\_ [Initial]

**Additional Charges**

A fee of \$36.00 will be charged on all returned checks.

\_\_\_\_\_ [Initial]

**Release of Information**

I authorize Geoffrey R. Gamache DDS, Christina T. O'Brien DDS, and Lauren Louie, DMD to release any information regarding my dental/medical history, diagnosis, or treatment to third-party payors and/or other health professionals.

\_\_\_\_\_ [Initial]

**Assignment of Benefits**

I authorize and request my insurance company to pay my benefits directly to Geoffrey R. Gamache, DDS, Christina T. O'Brien, DDS, and Lauren Louie, DMD where applicable.

\_\_\_\_\_ [Initial]

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Signature