

Eastview Dental Professionals

Office and Financial 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, Cabrera 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.

Regarding Insurance

For decades dental insurance has been an integral part of oral health planning; however, in the past few years it has become more difficult for the dental practice to deal with insurance companies. We are a third party to the contract and the insurance companies are not obligated to share your confidential policy information with us or required to send payment to us.

There are constant changes being made by your employer and insurance carriers to your coverage, deductibles, and annual maximum. These changes are not being shared with us. Therefore, it is impossible for us to know exactly what your policy covers. The payment we request at the time of service is our best estimate of your insurance benefit. In order for us to maintain our high level of service to you the patient, we provide the courtesy of submitting the claim on your behalf and supporting you with maximizing your benefits. However, we are unable to carry your insurance balance for longer than 60 days. Policy coverage, changes and follow-up on unpaid claims is your responsibility.

Please be prepared to show your insurance card at the time of your visit. _____ [Initial]

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, Diana Cabrera 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, Diana Cabrera, DDS and Lauren Louie, DMD _____ [Initial]

Regarding Changes to Your Reserved Appointments

If you are unable to keep an appointment, we ask that you kindly provide us with a minimum of two business days notice. All changes to your reserved appointments MUST be handled during our regular business hours. If you miss three appointments within an 18 month period, without 2 business days notice, we reserve the right to schedule future appointments on an on-call basis only. If more than one appointment is missed during these extended hours, we will not reschedule any appointments for these times in the future. _____ [Initial]

Signature