

Braintree Dental Group

OFFICE POLICIES

Cancellation Policy:

Braintree Dental Group requires **48 hour** notice of cancellation for all previously booked appointments. Any patient who calls within the 48 hours will not be charged for the first offense but all subsequent cancellations that fall within 48 hours of the appointment will be subject to **\$50.00 fee**. Also, any patient that does not show up for his/her previously scheduled appointment will receive a courtesy follow-up phone call. The second time you will receive a statement as well as a \$50.00 charge which must be paid before **any** more appointments can be made. If there are any further missed appointments, the patient will receive a letter of discharge from the practice for non-compliance. The appointments are very valuable to our patients who have been patiently waiting for one.

Late Policy:

Patients coming in more than **15 minutes** late for his/her appointment may be asked to reschedule the appointment. This policy is being implemented to help alleviate the dentist from running behind schedule. We hope that all patients will understand that there are times when a dentist cannot control dental emergencies that may set them behind schedule. Braintree Dental Group thrives to do our very best to be available to all of our valuable patients.

Co-payment Policy:

Co-payments are due at the time of visit upon check-in/out. Patients that do not make his/her co-payment will be reminded and informed that the co-payment will need to be paid prior to their next visit or over the phone. Upon arrival at the next appointment, if the previous co-payment has not been paid, the patient will need to pay **both** co-payments at that time. If a patient has a family balance greater than \$100 and there is no payment arrangement in place, the dentist will be notified and may decide to reschedule the appointment. The patient will not be allowed to reschedule their visit if payment has not been made towards decreasing the balance owed.

Any remaining balance at the end of treatment will be charged to your Care Credit account, if available. Any accounts that are **90 days** overdue, will be sent automatically to collections. I have read and accept the policies provided to me by Braintree Dental Group.

Name: _____

Date: _____