

Evergreen Dental Care

Family and Cosmetic Dentistry
101 Shattuck Way, Suite 5
Newington, NH 03801
TEL. (603) 436-9200 FAX (603) 436-9219

OFFICE POLICIES

Welcome! Thank you for selecting our office to help with your dental needs. We will strive to make your visits pleasant, while giving the best care we know how to deliver.

Payment Policy: Since we request payment at the time dental care is provided, we have provided the following information to help avoid confusion.

If You Have Dental Insurance: We work with all insurance companies (excluding Medicare and Medicaid). We can process insurance claims and help to maximize your insurance benefits for most insurances. A copy of your insurance card and a completed dental claim form are required. We help to assist you with all pre-estimate requirements or pre-authorizations required by your insurance company. We will gladly discuss your proposed treatment and answer any questions that you might have.

You Must Realize That:

1. Your insurance contract is between you, your employer and the insurance company. Please familiarize yourself with your particular insurance policy and manual. We are not a party to that contract. As dental care providers, our relationship is with you, not your insurance company. Filing the insurance claims is a courtesy that we extend to our patients. Should a dispute arise over coverage or benefits, we ask that you pay us your account balance and settle your dispute with the insurance company.
2. Insurance deductibles and co-payments are the patient's responsibility and due at the time of service.
3. If no insurance payment is received, then you are responsible for payment. If balance is not paid within 30 days of invoice date, it is deemed past due. In that event, patient will incur cost of collection including attorney's fees, filing fees and costs.

If You Do Not Have Insurance: You may make payment with a personal check, cash, MC/Visa, Discover, American Express, Care Credit or debit card. We also offer an In House Dental Plan to help with your dental needs.

Missed Appointments: We feel it is your responsibility to remember scheduled appointment times. If an appointment is missed, or less than a 24 hour notice is given for a cancellation, a charge of \$50 will be assessed for the missed appointments.

From time to time before and after pictures are taken not only for our patients benefit but also for other office use. We do not use our patient's names or faces in any use of these images. Please inform us if this is something that you do not wish to participate in.

Again, we thank you for selecting Evergreen Dental Care. Do not hesitate to ask questions regarding treatment, fees, or services. We will make every effort to assist you with the highest degree of professional skill and ability. It is our goal to deliver the highest quality of dental care, and we want you to feel comfortable with the investment you are making in your dental health.

I, the undersigned, have read, understand, and agree to the above policies.

Person Responsible for Account (print)

Date

Signature