



THE CANTON DENTAL COLLABORATIVE

Payment Policy

In an effort to keep our costs at a minimum, we have a "Non-Billing" policy at The Canton Dental Collaborative.

Please feel free to contact our business office at any time to discuss your treatment and its costs.

Cash Patients

- ** Payment is expected at the time services are rendered.
- ** We accept cash, checks, Master Card, and Visa.
- ** There will be a \$10 charge for any returned check.

Insurance Patients

- ** The patient must provide insurance forms and cards at the time of visits.
- ** The patient must complete the patient's information portion and sign the insurance form before submitting it to our business office.
- ** The patient is responsible for the insurance deductibles as well as any fees not covered by the insurance plan at the time services are rendered.
- ** The patient is responsible for informing the business office of any insurance changes before the date of service.

Cancellation Policy

A scheduled appointment is a contract between you and your dentist. There is a \$50/HR charged to the patient for any missed appointment or any appointment cancelled in less than 24 hours of the scheduled time of appointment.

Authorization

Please check with an "X".

- I agree to abide by the cancellation policy of The Canton Dental Collaborative.
- I am aware that I must follow and take responsibility for the guidelines established by my insurance carrier (which may include waiting periods, time limitations, deductibles, preferred programs, and maximum). I am also aware that I am responsible for payment of uncovered charges.
- I understand and agree to pay 1.5% per month finance charges on balances 30 days overdue.
- I hereby instruct and direct the insurance company responsible for payment of my claims to pay by check made out and mailed to:

The Canton Dental Collaborative
95 Washington Street, Suite 475
Canton, MA 02021

Signature: _____ Date: _____
(Parent/Guardian signature if minor)

Adib Lakis, D.M.D., P.C.
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