Burlington Dental
120 Cambridge Street, #13
Burlington, MA 01803
(781) 273-0225 Fax (781) 273-5632
www.burlingtondental.com

Welcome to our practice! We are committed to providing you with excellent care in a relaxed environment. Please take a few minutes to carefully read the following policies that apply to all of our patients.

Office Financial Policy

1. Our dedicated Front Desk Staff will make every effort to discuss the estimated cost of the case before treatment is started.
2. Payment is due in full at the time of each visit unless otherwise scheduled with the financial manager.
3. We accept cash, debit, personal checks, MasterCard, Visa, Discover, American Express cards.
4. Our fee for a returned check is $35.00.
5. **Dental Insurance**
    - *Please inform us of any changes to your dental insurance.*
    - *The insurance estimated patient co-pay is due the date services are rendered.*
    - *General Estimated insurance Coverage: Preventive 100%, Restorative 70-80%, Major 50%*
    - ***We will submit your claim to insurance as a courtesy to you.*** *Please be aware of your plan benefits as it is a contract between you and your dental insurance carrier. If after 60 days we have not received payment from the insurance carrier you will be responsible for reimbursement. Due to the complexity of each insurance company we can only estimate coverage.*

Failed Appointment Policy

Please inform us within 48 hours of your inability to make a scheduled appointment. This time is held especially for you. If there is a second failed appointment the fee will be $50.

HIPAA Policy

I acknowledge receipt of the office's Notice of Privacy Practices. I understand that a copy is posted in the office reception area and on the office website. By signing this form, I consent to the use and disclosure of my protected health information to carry out treatment, payment activities, and health care operations.

I certify that I have read and fully understand the above Financial Policy and HIPPA Policy.

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Patient signature Date