

DUNSTAN DENTAL CENTER, LLC
618 U.S. Route One
Scarborough, Maine 04074
(207) 883-3229

Dental Insurance and Financial Policies

I agree to pay the "estimated portion" (estimated co-pay) at the time of service. I UNDERSTAND THAT THIS IS NOT A GUARANTEE OF BENEFITS.
I understand that you will submit my claim to my primary insurance as a courtesy to me.
I agree to pay any balance remaining once my insurance claims have been processed.
I authorize insurance payment directly to Dunstan Dental Center.
If I am not covered by dental insurance, I agree to pay for each appointment in full at the time of service with cash, local check, MasterCard, Visa or Discover Card.

Kindly give 48hr notice for cancellations.

I understand that if I am unable to keep an appointment without proper notification, a \$50.00 charge will be made for the time reserved.
\$100.00 for CEREC Crown appointments

I agree to pay all fees incurred by a collection agency.
I agree to pay \$25 fee for returned checks.
I agree to pay a 1.85% monthly compounded late fees on unpaid balances of 90 days or more.
I completely understand the financial policy and my financial obligation for services rendered.

**To submit your claim
we must have a copy of your insurance card at every visit.**

Signed (responsible party) _____ Date _____