

Provincetown Dental Arts
Dr. Scott A Allegretti, D.D.S

PRACTICE POLICIES

FINANCIAL POLICY

In the interest of good dental care practice, it is desirable to establish a credit policy to avoid misunderstandings. Our primary responsibility is to help our patients experience good dental health and we wish to spend our time and energy doing that. To assist our patients, we offer the following methods for taking care of their account in our office.

We accept credit cards (Visa, MasterCard, And American Express) or Cash.

*Our practice participates with Delta Dental of Massachusetts and Blue Cross-of Massachusetts. As a courtesy we will submit your insurance forms for you. Please provide us with the correct information. Our claims are sent electronically the day of services and normally you have reimbursement from your insurance company within 7-10 days. **If we are not participants for your plan, Payment in full is due at time of services.***

For patients who qualify, we offer various payment plans through third party Financing Companies. There are numerous payment options that will fit comfortably in almost any monthly budget. You may inquire at the websites of www.carecredit.com.

FAILED OR CANCELLED APPOINTMENTS:

We kindly ask that patients give us 48-hour notice, if they are unable to keep an appointment. There will be a \$50 minimum charge for failed appointments. If it is an extended appointment with Dr. Allegretti the fee for that failed appointment is \$100 per reserved hour of treatment.

RESERVATION FEE:

For any lengthy appointment scheduled in our practice we do ask that you provide us with a reservation fee of 50% of total cost of appointment. This is due at the time of scheduling.

ESTIMATES AND FEES:

After x-rays and examination, presentations of estimates for future treatments will be provided. All estimates are based upon conditions viewed at the time of diagnosis: unforeseen circumstances, such as pulpal therapy or cracked teeth could alter an estimate fee.

Patient or Responsible party Signature _____ **Date:** _____