

PERIODONTAL SPECIALISTS, PLLC
Patrick C. Shannon, D.M.D.
Daniel W. Overfelt D.M.D
Diplomates American Board of Periodontology
PRACTICE LIMITED TO PERIODONTICS AND IMPLANTOLOGY

Financial Form

It is our policy to bill your insurance carrier as a courtesy to you. The arrangement of your insurance company to pay for your dental care is a contract between you and them. We require a co-pay at the time services are rendered.

Payment for all services not covered by your insurance provider is required at the time of each visit. We do our best to get the most accurate co-payment amount due, but there is no guarantee of payment until the check has been received from your insurance company. The balance of charges not paid by your insurance provider must be remitted within thirty days of statement.

Cancellations must be made with at least 24 hours' notice prior to your appointment. Missed appointments impact our ability with our exceptional dental care to our patients. Please call our office by 11:00 am the day prior to your scheduled appointment to notify us of changes or cancellations. To cancel a Monday appointment, please call our office by 11:00 am on Friday. Cancellations made within 24 hours or broken appointments will be charged a fee of \$75.00

Please note that late payments are subject to a 1.5% monthly finance charge. I understand the office's financial policy and accept the financial responsibility of the total cost of treatment rendered.

Patients signature and Date*

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Franklin MA 02038

126 Union Street
Marlboro MA 01752

Tel (508) 520-0400
Fax (508) 520-0425

Tel (508) 481-6028
Fax (508) 229-2428