

David A. Sabourin, D.D.S., APC
Restorative, Cosmetic and Implant Dentistry

FINANCIAL POLICY

Our policy is to receive **payment in full at the time of treatment**. We are happy to give you an estimate of charges and our payment guidelines prior to treatment. Please be informed that in some circumstances treatment can change during the dental procedure. Your insurance is a contract between your employer and a dental insurance company. Benefits received are based on the terms of the contract negotiated between your employer and the dental insurance company, and not our dental office. The goal of most dental insurance policies is to provide only basic care for specific dental services and typically has little to do with your individual needs or achieving a high-quality, complete result. Many needed services may not be covered. Our office will do everything possible to help you understand and make the most of your dental benefits. As a courtesy, our office will complete and submit your insurance forms to achieve the maximum reimbursement to which you are entitled. It is our belief that YOU should make an intelligent decision about your dental care based on proper care, not on what the insurance company pays you. Keep in mind that pre-authorizing your treatment enables your insurance company to delay your treatment and to delay proper reimbursement. A nominal fee may be incurred if you request a pre-authorization.

Please remember that you are ultimately responsible for all expenses incurred. We urge you to review your dental policy with us so that you are fully aware of coverage and any limitations of the benefits provided. Dr. Sabourin works 100% for you, and not for your insurance company. We want patients to be able to confidently invest in their dental care. We will gladly discuss our payment options with you.

We are committed to providing excellent dental care and guiding patients in choosing the best payment method for their needs. We accept cash, personal checks, Visa, MasterCard, American Express, Discover, as well as offer Care Credit Financing (up to 12 months interest free). If paying by check, there will be a charge of \$25 for any check that is returned due to insufficient funds. A check returned due to NSF may require a credit card number to be placed on file for future payments.

BROKEN APPOINTMENT POLICY

The time for your dental appointment has been exclusively reserved for you. Without proper notification of your inability to be present for an appointment, some other patient who has been waiting for dental care will not receive the dental care they need because we did not have adequate time to notify them of the available time. You are the only person appointed with the doctor or hygienist, therefore we require that **48 hours' notice** be given as a courtesy to the practice and to other patients if your scheduled time is inconvenient. You may be assessed a Broken Appointment fee, without a minimum 48 hours' notice. In addition, if you arrive to your appointment late we may need to reschedule your appointment.

The patient and/or responsible party has received, read and understand the financial policy and broken appointment policy. The patient and/or responsible party listed below hereby agree to pay all charges during the course of treatment for the patient.

I agree and authorize that balances over 45 days may be applied to my credit card and that I will be responsible for obtaining reimbursement for any outstanding dental claims. This consent will remain in effect unless cancelled in writing.

Patient's name: _____

Name of parent/guardian: _____

Signature: _____ Date: _____