

Financial Policy

Payment in full the day of service is appreciated.

We reserve the right to charge of \$75 per hour for all broken hygiene appointments, and \$250 per hour for all broken doctor appointments without 24 hours notice. Tardiness may prohibit the staff's ability to perform all procedures as scheduled and another appointment may need to be scheduled to complete treatment.

Your estimated co-payment must also be paid for the day of service. We gladly accept Visa, MasterCard, American Express, cash and personal checks.

The undersigned hereby authorizes the doctor to take x-rays, study models, and photographs to make a thorough diagnosis of the patient's dental needs.

Any balances without prior payment arrangements, due after 60 days shall be considered to be in default and the entire balance shall be deemed to be immediately due and payable.

Dr. Jefferson Dexter accepts all Delta Dental plans and Blue Cross/Blue Shield of Massachusetts. If you have other insurance plans we are happy to submit your insurance claim, at no charge to you, the day of service.

I hereby authorize Delta Dental and Blue Cross/Blue Shield of Massachusetts payments directly to Jefferson Dexter, D.M.D. Furthermore, I authorize Dr. Jefferson Dexter, to provide my insurance company's claim administrators, and consulting health care professionals, information concerning my health care, treatment or supplies provided. This information will be used for the purpose of evaluating and administrating claims for benefits.

I have read and understand the above information.

Patient or Authorized Person's Signature