# Androscoggin Dental Group

**488 Sabattus Street, Lewiston, ME 04240**

**Office: 207-783-8800 Fax: 207-783- 6968**

Info@androscoggindentalgroup.com

**Office Hours: Monday & Tuesday 8-7 Wednesday & Thursday 8-5 1st Friday Of Every Month 9-3**

**Thank you for choosing Androscoggin Dental Group Please Read our Financial Policies Below**

Payment is expected the day services are rendered. For patients with dental insurance, if you provide the office with your dental insurance information, we will contact your insurance company and verify your benefits. We will do our best to answer any questions you may have about your insurance coverage, but we always suggest that you contact them directly since the contract is between yourself and the insurance company.

As a courtesy to you, we will gladly submit the insurance claim to your insurance company on the day of service. We will collect the estimated copayment and deductible at each visit. We make an effort to determine your insurance benefits when you receive treatment, but consider your co-payment an estimate until we receive payment from your insurance company. Please remember that any information we provide relative to your insurance coverage is our best estimate and not a guarantee of payment that will be received.

In order to prove quality dental care in a timely manner, we have a cancellation and no show policy. This policy enables us to better utilize available appointments for our patients in need of dental care.

**Cancellation of an appointment:** In order to be respectful of another patients' needs, please be courteous and call our office promptly if you are unable to keep your appointment. This time will be given to someone who is in urgent need of treatment. We ask that you notify us within 48 business hours prior to your appointment, in order to cancel or reschedule any appointments.

**No show policy:** A "no show" is an appointment that was not cancelled in advance (48 business hours). No shows inconvenience other patients who need dental care. A no show for a scheduled appointment will be charged a $50 fee. After (2) two "no shows", you will be dismissed from our office. ***Any person who "no shows" for their very first appointment will not be allowed to reschedule***

**Late arrivals:** If you are running late for your appointment, please call the office. If you are more than 15 minutes late to your scheduled appointment, you may be asked to reschedule

I have read and understand the appointment policy at Androscoggin Dental Group. I have also read and understand the billing procedures. I agree to be responsible for full payment of all charges for dental services performed on me / those I am signing for. If, for any reason, the insurance does not pay its estimated portion, I agree that I will be responsible for the account balance. In the event that my account is placed with a third party collection agency or attorney, I will be assessed any fees relating to this action.

Print Name:_____ Date:_____

Sign Name:_____