



Failed Appointment Policy

Please provide at least 48 hours advanced notice when an appointment needs to be changed or cancelled. Appointments that are failed without advanced notification are subject to a \$40.00 failed appointment fee. Failing 2 or more appointments in an 18-month period may limit the ability to schedule future advanced appointments.

Payment policy

Payment of the non-insured balance for each appointment is due at the time of service. Any balance remaining after insurance processing is due immediately upon closure of each claim.

Please be advised that your insurance is a contact between your employer, you, and your insurance company. It is each patient's responsibility to know their available insurance benefit.

As a courtesy, we will bill your insurance carrier.

Any account that becomes delinquent is subject to being referred to an outside agency for collection.

Notice of privacy practices (HIPAA)

I am aware of Merrimack Dental Associates Notice of Privacy Practice (HIPPA). A copy is posted in the office and is available online at merrimackdental.com. An additional copy is available upon request.

N.H. Board of Dental Examiners dental materials facts chart

I am aware of the New Hampshire Board of Dental Examiners dental materials facts chart. A copy is posted in the office and is available online at merrimackdental.com. An additional copy is available upon request.

I have read and understand the above information.

Patient Name (please print): _____ Birthdate: _____

Patient (or guardian) Signature: _____ Date: _____

