



Appointment Policy

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

Payment policy

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.

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.

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 (HIPAA). 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.

Photo/Video Policy

To protect the comfort and privacy of our patients, taking photographs and/or recordings of yourself or others including family members is prohibited.

I have read and understand the above information.

Patient Name (please print): _____ Birthdate: _____

Patient (or guardian) Signature: _____ Date: _____