

## ***Welcome to Duxbury Dental Associates!***

On behalf of our entire staff, we want to welcome you to our practice. Established over 40 years ago, Dr. Russell Harrington had a vision of providing a warm, open dental practice to provide service to the Duxbury Community and surrounding towns. He succeeded. Now a thriving practice with four excellent providers and a wonderfully knowledgeable staff, Duxbury Dental Associates has become the area's "Local Dentist Office".

Enclosed you will find:

- Health History Form
- HIPAA Consent
- Consent to Provide Treatment
- Office Policies (2 – one for yourself and one to sign/date)
- Insurance Information

Please be sure to review, sign and date the abovementioned forms and bring with you to your first appointment. We have provided two Office Policies – one for you to keep for reference.

Again, **Thank You** for choosing our office to provide your dental care. We look forward to building a long, healthy relationship with you and your family.

***The Staff of Duxbury Dental Associates***

## OFFICE POLICIES FOR DUXBURY DENTAL ASSOCIATES

We understand there are many options for dental care and we appreciate that you have chosen our office. In an attempt to maintain our fees at a reasonable level, we ask for your cooperation by observing the following: PLEASE read and initial each policy.

**BROKEN/MISSED APPOINTMENTS** - If you cannot keep your appointment, notification must be made within 24 hours of your appointment to avoid a charge of \$40. This fee is not covered by insurance and you will be directly billed. Payment must be made prior to your next appointment. Obviously there are certain situations that are inevitable - *Discretion is made for each situation.*

Patient/Guardian Initial \_\_\_\_\_

**PAYMENT DUE AT TIME OF SERVICE** – Payment in full for all services is expected the day the service is rendered, unless previous arrangements have been made. This includes any co-pay and/or deductible for those patients with dental insurance. Cash, Check, MC, Visa, and Discover are welcome. We also offer Care Credit ([www.carecredit.com](http://www.carecredit.com)).

Patient/Guardian Initial \_\_\_\_\_

**RESIN FILLINGS** – This office uses resin/composite. There could be a higher charge on insurance, although we do not let insurance dictate what is best for you. If you need more information, please ask your dentist.

Patient/Guardian Initial \_\_\_\_\_

**UNDERSTANDING YOUR DENTAL POLICY** – *As a courtesy* we check on insurance when you become a New Patient. It is not the responsibility of our office to know each patient's dental insurance policy. If your insurance should change, then it becomes your responsibility to notify us and to identify what has changed to your policy. Also, as a courtesy we submit your claims to insurance; therefore the most up-to-date insurance information is necessary at each appointment. Our office is always happy to help you understand your insurance – just ask!

Patient/Guardian Initial \_\_\_\_\_

**OUR COURTESY TO YOU** - *As a courtesy* we send reminders for all appointments 1 week prior to your scheduled appointment and a reminder again 1-2 days prior to all appointments. Please listen and confirm phone calls. It is your responsibility to remember your appointments, and the services we provide are a courtesy. Do not rely on them – technology is not perfect. PLEASE provide the most UP-TO-DATE information or our efforts will not be effective.

Patient/Guardian Initial \_\_\_\_\_

***Thank you for your cooperation. We look forward to a long lasting relationship with you!***

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date