



**Marly J. Gomes, D.M.D.**  
**Stephanie Leung, D.M.D.**  
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 Dartmouth, MA 02747

**Patient Information Form**

Name (First, Middle, Last)	Sex	Date of Birth	Social Security Number
Permanent Address (Street)	Marital Status	Date	E-mail Address
City, State & Zip	Spouse's or Parent's Name, Date of Birth		
Home Phone: Work Phone: Cell Phone:	Spouse's Employer		
Employer	Spouse's Dental Insurance co.		
Dental Insurance Co.      Group Number	Spouse's Social Security Number		
Occupation	Spouse's Work Phone Number		
Previous Dentist	Who may we contact in an emergency?		
Last visit to the dentist	Emergency contact phone number		
Reason for this visit	Who referred you to this office?		

Please indicate payment method  Cash  Credit Card  Check

Signed \_\_\_\_\_

(Patient or Responsible Party)



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### Financial Policy

#### For Patients With Insurance

Our practice is committed to providing the best treatment possible for our patients. Our fees are usual and customary for treatment provided. As a courtesy to our patients with insurance, we will file your dental & or medical claims for services rendered. You are responsible for paying any deductible and co-payment at the time of service. Our office staff makes every effort to be as accurate as possible when collecting these amounts; however, your insurance plan may not cover as much as we estimate. Any amount not paid by insurance is your responsibility. We will be happy to file a pre-determination to the insurance company so we can get a more accurate estimate of what they should pay, but it is still not a guarantee of their payment. Once we receive payment from the insurance company, you will be required to pay the balance due upon receipt of your statement. The balance due for services provided is the patient's responsibility, even if the insurance company pays nothing. If you have overpaid your portion, you will receive a refund. Refund checks are processed monthly.

**ATTENTION MEDICAID PATIENTS:** Medicaid does not cover all dental procedures, so payment is due in full at the time of service.

#### For Patients Without Insurance

**FULL PAYMENT IS DUE AT TIME OF SERVICE.** Our office gladly accepts Visa, MasterCard, Discover, Cash, Checks, and Care Credit. If you would like to apply for Care Credit financing, please consult our front office staff.

#### Delinquent Accounts

In order to keep costs down for all patients, extended payment plans are subject to late charges of 1½ % per month. We reserve and will exercise the right to report any account 90 days past due to a Collection Agency. The patient agrees that all costs of delinquent account collection, including attorney's fees, will be the responsibility of the patient, as permitted by law.

#### Cancellations & Missed Appointments

Appointments are valuable blocks of time and when an appointment is broken or cancelled with short notice, we are often prevented from filling that time and helping other patients. Please give at least **24 hours notice** when you will not be able to make your scheduled appointment. This will allow us time to help other patients and helps keep costs down. There may be a charge for all consultation and surgery appointments broken or cancelled with less than the required 24 hour notice. Additionally, if you are more than 15 minutes late for an appointment, you may have to be rescheduled.

#### Authorization of Treatment

I authorize Marly J. Gomes, D.M.D., Stephanie Leung, D.M.D. and staff to perform mutually agreed upon dental procedures and administer such anesthetics as found necessary to treat the dental condition of the above named patient. I understand and agree to the office policies outlined above, and I certify that the above information is correct to the best of my knowledge.

By signing below, I certify I have read, understand, and agree to this financial Policy.

Patient Signature \_\_\_\_\_ Today's Date \_\_\_\_\_