



**384 Lowell Street, Suite 106
Wakefield, MA 01880
(781) 245-5788**

Office Policies

PAYMENTS/CO-PAYMENTS:

If the patients' dental insurance is confirmed with the insurance carrier, only the co-payment and applicable deductible are due at the time of service. Otherwise, payment is due in full at the time of service. If for any reason your dental insurance does not pay for services rendered, you are responsible for the balance.

Please note: Anything quoted to a patient regarding how much your out-of-pocket cost may be is only an estimate. The exact amount can only be determined after your insurance processes and pays for any services. We strive to provide you the most accurate estimate from your insurance with the fee schedule they have given us. Any remaining balance is ultimately the patients' responsibility.

NO SHOW/ CANCELLATION POLICY:

We request 24 hour notice if you need to change an appointment for any reason. If you do not cancel an appointment within 24 hours there is a \$25 cancellation fee. If your appointment is schedule for more than an hour, there is a \$50 cancellation fee for any missed or short-notice cancellations.

If you have any questions regarding these policies please do not hesitate to ask the front desk.

I _____ have read and understood the policies that are set in place by Joy Dental Care and have asked any questions I may have had to the front desk.

Signature: _____ Date: _____