

**Nashua Family Dentistry
25 Riverside Street – Suite 201
Nashua, New Hampshire 03062**

**Dr. James E. Kiehl
Dr. Yoon Kim
Dr. Joe Nguyen
Dr. Stephen Cohen**

APPOINTMENT POLICY

Our goal for each of our patients is to help them enjoy the benefits of excellent oral health and maintain an attractive smile for a life time.

As a courtesy, you will receive a reminder call 48 business hours before your appointment. We also offer text and email reminders, so please inquire at the front desk if you are interested. *In the event that you do need to change an existing appointment, please contact us at least 48 business hours before your appointment time.*

We understand that emergencies and illness can occur unexpectedly. However, we do ask that you keep other patients in mind should you need to change your scheduled appointment. If you cannot give us at least 48 business hours notice, we reserve the right to apply a cancellation fee to your account.

Thank you in advance for your cooperation and courtesy to other patients.

FINANCIAL POLICY

We are committed to providing you with the highest quality of dental care utilizing only the best materials and education available. In our process of doing so, we have formulated a financial policy to continue to provide excellent service to you and minimize our administrative costs.

Payment is due at the time service is provided. Our office accepts cash, personal checks, MasterCard, Visa, American Express and Discover. Outside financing is available upon request and approved credit (see our financial coordinator for details).

For those of you with dental insurance, as a courtesy, we will assist you in processing your dental insurance claims. Your signature below is an *Assignment of Benefits Agreement* and directs your insurance company to pay your benefits directly to our office. Your co-payment amount is due when services are provided.

All incurred charges are ultimately the responsibility of the patient regardless of insurance coverage. We must emphasize that as your dental care provider, **our relationship is with you, our patient, and not with your insurance company.** Your insurance plan is a contract between you, your employer, and the insurance company. Our office is not a party to that contract or any possible restrictions.

Should we advise you that additional information is needed to process your claim, it will be your responsibility to contact your insurance company and provide them with that information. Insurance claims that are more than 60 days outstanding will be billed to you.

My signature below represents my understanding of the intent to adhere to the above stated policies:

Signature: _____ Date: _____

Print: _____