NORTH SHORE DENTAL L.L.C.
OFFICE POLICIES

NEW PATIENTS
Welcome to our office, one of the finest and advanced environments for oral health care. Our primary purpose is to serve you and your family and to provide for your dental health needs in considerate and caring fashion.

OFFICE HOURS
Monday – Thursday 8:00AM – 5:00PM
Friday – By appointment only

PAYMENTS
Payment is expected the day of service rendered. In the event of default of payment, or any balance not covered by insurance that is over 60 days past due, your account will be turned over to our collection agency. The responsible party will pay all reasonable court costs and attorney fees. Also, it is understood that you agree to pay 100% of collection fees on any outstanding balances turned over to a collection agency.
Please note any payments that are over 30 days past due will accrue a 1.5% interest fee.*

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INSURANCE
If you have insurance, we will gladly process your forms. Our only request is that you pay your **estimated portion** when services are rendered. **Please remember that our contract for payments is with you and not your insurance carrier.** If you have provided us with your complete insurance information, we will be happy to bill your insurance as a courtesy to you. We allow 30 days from the date of service for payment from an insurance company. After this period you are responsible for payment of all unpaid fees.

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CANCELLATIONS/ MISSED APPOINTMENTS
We ask that you give **24 hours** advanced notice for cancellation of appointments. We reserve the right to charge $65 for appointments cancelled or broken without 24 hours advanced notice.

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APPOINTMENTS 90 MINUTES OR MORE
To reserve an appointment for 90 minutes or more, we require that you pay your patient portion prior to the appointment to reserve that time. If you fail to keep your reserved appointment time, you agree to be charged $20.00 per every 15 minutes of reserved time.

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FOR YOUR PROTECTION
This office has the most modern equipment, uses the most up to date techniques and above all, follows both CDC and OSHA guidelines in advanced sterilization technology for both doctor and patient protection.

Signature: _____ **Date:** _____