Whiteman Dental Associates
8 Alton Place, Suite One
Brookline, MA 02446
(617) 731-4746

Payment Policy:

Thank you for choosing us as your dental health care provider. We are committed to the success of your dental treatment and want to provide you with the best service available. To help reduce our administrative costs and keep our fees to you as low as possible, we require payments to be made at or prior to the time that you (or your family members) receive treatment.

We offer the following payment options:

- Cash
- Debit Card
- Check
- Major Credit Card (Visa, MasterCard, American Express, Discover)

Patients with Dental Insurance:

Dental insurance customarily does not cover the total cost of your treatment and there is a calendar maximum benefit as well. Based on your plan, we usually can estimate the amount your insurance will cover. The amount your insurance does not cover – your co-payment – will be collected on the date services are delivered. If your insurance company provides misleading, inaccurate or otherwise false information or fails to pay their portion within 60 days after we submit your claim, you will be responsible for the full fee.

Acceptance Agreement:

I understand and agree with the above financial policy. I understand the parent or relative bringing a child for dental treatment is responsible for all fees incurred at that visit. I further understand that I am responsible for ALL fees, regardless of insurance coverage.

Please note that there is a $100 cancellation fee for any appointments cancelled or missed without 24 hours notice.

Patient/Responsible Party _____ (Print Name)

_____ (Signature)

_____ (Date)