

**Bayview Dental Associates, P.A.**  
247 Portland St.  
Yarmouth, Maine 04096

**Payment Policy**

It is our goal to provide you with the highest quality dental care and best service possible. To help reduce our administrative costs and keep our fees as low as possible we require payment to be made at or prior to the time that you (or your family members) receive treatment. We accept Visa, Mastercard, Discover, Checks and Cash.

**\*\*\*For treatment plans over \$300, please inquire about the possibility of an extended payment plan.**

**1.5% per month finance charged on invoices not paid within 60 days.**

**Missed/Failed Appointment Policy**

We try to confirm patients, as a courtesy, by their preferred method of contact (e-mail, text, phone message, etc.) prior to the appointment. If we are unable to contact you, your appointment card will serve as the confirmation of your appointment and implies your obligation to be present. This time has been reserved especially for you. If you need to change your appointment, we require at least 24 hours notice to avoid a missed appointment fee.

**A note for patients with dental insurance**

Dental insurance usually does not cover the total cost of your treatment. If your insurance company fails to pay 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.

Patient/Responsible Party

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date