

BRUCE M. FELDSTEIN, D.D.S., P.C.

FAMILY DENTISTRY

30 AIRPORT ROAD, SUITE #3
WEST LEBANON, NH 03784
TELEPHONE 603-298-7660

Financial Policy

We would like to thank you for choosing our office for your dental needs. Our team is committed to providing the best dental care for our patients. We will do our best to insure you have a positive and comfortable experience while you are here.

Please read through this financial policy and sign at the bottom prior to treatment.

Full payment is due at the time of service unless prior arrangements have been made with our Financial Coordinator. We accept CASH, CHECKS, or CREDIT CARDS. We also work with Care Credit, a patient financial plan, and would be happy to provide you with information.

Our practice does participate with Northeast Delta Dental and would be happy to contact them to verify eligibility and benefits for you. As a courtesy, we do submit to all insurance plans, but cannot guarantee their fees. Regardless of benefits or coverage you are responsible for any amount unpaid by your insurance.

Interest at the rate of 1.5% per month will be charged on balances unpaid after 30 days.

Our office requires a **72 hour business days notice** for canceling any appointments. Any missed appointments without appropriate notice, may incur a fee.

Please let us know if you have any questions regarding our Financial Policy.

I have read the Financial Policy of Dr. Bruce Feldstein's office. I understand and agree to this policy.

Signature

Date