

MICHAEL R. DION DMD,FAGD  
24 PINKERTON ST  
DERRY, NH 03038  
603-434-0040

#### OFFICE FINANCIAL POLICY

In our continued commitment to provide the highest quality dental care available to all of our patients and to have those services comfortably affordable, we are pleased to offer you these options of payment.

CASH       CHECK       PERSONAL CREDIT CARD       CARE CREDIT

We are pleased to offer a financing option which is administered for us by CARE CREDIT. Please ask our administrative staff for details and credit applications.

We are committed to support you in understanding your dental health, so that you will always be able to make the best choices.

We will, as a courtesy, process your insurance benefits in our office, which will relieve you of this time consuming and sometimes-complicated task.

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I agree that I am fully responsible for the total payment of all procedures in this office-this includes any treatment that is not a benefit of any dental insurance that I may have. I understand that all services are due to be paid in full within sixty days of the date of service, regardless of whether or not my insurance benefits have been received.

#### MISSED APPOINTMENTS

Appointment times are reserved especially for you. If for any reason you should need to change your appointment, there will be no charge, provided you give us 24 hour notice. Please help us serve you better by keeping your scheduled appointments.

We are here to assist you in any way possible. Please make your questions and concerns known to our team... Our goal is to ensure that you have an outstanding experience.

#### CONSENT TO DENTAL PHOTOGRAPHY

In connection with dental service, which I am receiving from Dr. Dion, I agree and consent to allow the photographs taken before, during, and after completion of my dental treatments to be used for dental records, research, education, public relations, patient counseling, or other purposes.

I further agree and consent that the photographs relating to my dental care may be published and republished, either separately or in connection with each other in dental photo albums, professional journals, or dental books.

Signature (Responsible Party)

Financial Coordinator

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