

## Office Policy

**Harborside Dental  
1750 Post Road  
Wells, ME 04090  
(207) 502-7804**

Welcome to Harborside Dental. Our mission is to provide you with the best possible dental care and experience. Our goal as an office is to make visits pleasant and educational. Our practice is based on providing the best preventative and comprehensive care for you, and your family. We ask that you please fully review the following policies and procedures prior to being seen.

Please remember to bring your dental insurance cards to all appointments. All updates/changes with your demographics, insurance or medical history needs to be addressed prior to being seen. It is ultimately your responsibility to verify dental benefits, and coverage with your insurance prior to coming to your visit. As a courtesy we will submit your dental claim to your insurance company. We limit insurance submission to two insurance companies. If you have a third, you will be responsible for that submission. Co-payments must be paid at the time of your dental visit. We accept cash, Visa, Mastercard and Discover, and CareCredit. If a check is mailed in for payment and does not clear there will be a \$35.00 insufficient funds applied to your account. After 90 days of an unpaid balance your account will be turned over to a collection agency.

**As of 2023, any account that has an unpaid balance over 30 days will be assessed for a \$8.00 monthly billing fee. Statements of your account get processed through our finance department and will be sent electronically. If at any time you have any questions or wish to pay your balance you may do so through the statement link provided or feel free to call the office.**

In cases of separation or divorce, the parent bringing the child to the office assumes responsibility of incurred charges regardless of the arrangements. We do not participate in involvement of these situations and payment arrangements must be worked out between the involved parties prior to treatment being rendered.

**\*\*\*Our office requires at least two (2) business days' notice to reschedule or cancel an appointment. Appointments cancelled with less than the required notice, or missed without notice, will be subject to a \$75 fee for the first scheduled hour. Each additional 30-minute increment of reserved time will incur an additional \$25 fee per half hour. (Example: A two-hour appointment would result in a \$125 fee — \$75 for the first hour, plus \$25 for each additional 30 minutes.) Appointment confirmation is required within the two-day timeframe. Appointments that are not confirmed may be removed from the schedule, and you will be notified if your appointment is cancelled due to lack of confirmation. Harborside Dental reserves the right to dismiss any patient or family from the practice due to repeated missed or broken appointments without adequate notice. \*\*\***

We do make an effort to stay on schedule. However, emergencies do occur, which can interrupt our schedule. This time can vary from patient to patient. Please be patient with us as we will try to inform you if this occurs, and know that when you are seated in the chair, you will have our full undivided attention and care.

We do have a policy in place to help aid in running proficiently and smoothly for our patients. This policy requests that you are here and checked in no later than 10 minutes, after your scheduled appointment time. We will make every effort to accommodate you, but you may be asked to wait or to reschedule, if necessary.

I grant permission for the practice to uphold and store confidential information, including account, clinical, and appointment information to the secure website and server for the dental practice. I understand that for security purposes Harborside Dental will comply with all laws directly or indirectly applicable that may now or hereafter govern the gathering, use, transmission, processing, receipt, reporting, disclosure, maintenance, and storage of my information. I understand that Harborside Dental cannot and does not assume any responsibility for my use or misuse of patient information or other information transmitted, monitored, stored, uploaded or received using the site or services.

To reach our standard of care for you, please understand our office policies are in the best interest for all patients. I acknowledge and understand the policies in place through Harborside Dental. Thank you for choosing Harborside Dental!