



Zane T. Broome, D.D.S

William E. Brooks, D.D.S

123 Main Street

Jaffrey, NH 03452-6140

(603) 532-8720

FINANCIAL AGREEMENT:

Payment for services is expected at the time of each appointment. As a Service to you, we will submit your charges to your insurance company for each visit. Insurance is only designated to cover a portion of customary fees so you will need to pay your portion at the time of the appointment and any balance they do not cover.

I understand that I am responsible for payment to this office for the dental care provided to myself and/or my child/children.

Patient/Parent _____ Date _____

ASSIGNMENT OF INSURANCE BENEFITS:

I authorize direct payment of dental insurance benefits to Monadnock Dental Associates, PLLC for treatment rendered to myself and/or my child/children.

Patient/Parent _____ Date _____

CANCELATION AND FAILURE TO ARRIVE:

We understand that circumstances do arise that can keep you from a dental appointment. We will charge \$50.00 for appointments that are missed or cancelled with less than 24 hour notice. Insurance does not pay for missed appointments. I understand that an appointment time scheduled for me or my child/children is time set aside especially for individual attention and treatment. I will endeavor to give your office 24 hours notice if I or my child/children are unable to keep an appointment.

I understand the office policy for canceled and missed appointments.

Pateint/Parent _____ Date _____