

OFFICE POLICIES

Paul JR Gamache, DMD, PC
137 Elm Street
Pittsfield, MA 01201

As a patient of this office, we require you to:

1. Notify our office of any address or phone number changes.
2. Notify our office of any changes in your insurance coverage and provide us with a copy of your new insurance card.
3. Know your particular insurance policy, coverage and benefits.
4. Pay your balance at the time of your visit.
5. Give 24-hour notice for all appointment cancellations. Failure to do so could result in a financial charge.
6. Failing to keep an appointment can also result in a financial charge. Multiple failed appointments could result in our inability to maintain you as a patient of record in our practice.
7. You are ultimately responsible for any cost incurred due to dental services rendered.

PRIVACY POLICY

This office maintains Privacy Practices consistent with the Health Insurance Portability & Accounting Act (HIPPA). A written copy is available to all patients.

CELL PHONE AND EMAIL POLICY

I give my consent for Paul JR Gamache, DMD, PC to use my cell phone number and email address to notify me regarding appointments, treatment, insurance and financial information. I understand that I can withdraw this consent at any time.

(Cell Phone)

(Email Address)

GENERAL CONSENT FOR DENTAL TREATMENT

I consent to the diagnostic procedures and treatment by the Dentist and the Dental Hygienist necessary to deliver proper Dental care to me.

I consent to the use and disclosure of my Dental records to Dental/Medical specialists whose expertise might be needed in my Dental treatment and to my Dental insurance company to process insurance claims.

Signature