The Center for PEDIATRIC Dental Care & Orthodontics
209 Harvard Street, 2nd Floor • Brookline, Massachusetts 02446
T: (617) 731-KIDS (5437) • www.PediatricDentalCare.com

Financial Agreement

Thank you for choosing The Center for Pediatric Care & Orthodontics. Our primary goal is to deliver the best and most comprehensive dental care available. An important part of this mission is making the cost of optimal care as easy and manageable for our patients as possible by offering:

Payment Options:

The Center for Pediatric Dental Care & Orthodontics requires payment at the time of treatment. You may choose from:

- Cash, Check, Visa, MasterCard, or American Express

For patients with dental insurance, we are happy to work with your carrier to maximize your benefits and directly bill them for reimbursement for your treatment.[1] The Center for Pediatric Dental Care & Orthodontics requires the uncovered portion at the time of treatment.

Please Note:

Accounts over 30 days are subject to a finance charge of 1.5% per month (18% per year).

A fee of $95 is charged for patients who miss or cancel more than 1 time in a calendar year without 24-hour notice. The Center for Pediatric Dental Care & Orthodontics charges $50 for returned checks.

If you have any questions please do not hesitate to ask.

Patient/Guardian: _____ Date: _____

Patient Name (Please Print): _____

[1] However, if we do not receive payment from your insurance carrier within 60 days you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.