



**GERARD A.  
BELHUMEUR, D.D.S.**

629 Central Avenue Pawtucket, RI 02861  
(401) 726-0277

**Payment & Broken Appointment Policies**

Thank you for choosing us as your dental health care provider. We are committed to the success of your dental treatment and we want to provide you with the best service available. To help reduce our administrative costs and keep our fees to you as low as possible, we require payment at the time you (or your family members) receive treatment. Please indicate below the method of payment that you intend to use.

**Patients without Dental Insurance**

I will pay for dental services received by:

- 1. Cash
- 2. Check
- 3. Credit Card (Visa, MasterCard, Discover, CareCredit\*)

**Patients with Dental Insurance**

Dental insurance usually does not cover the total cost of your treatment. The amount not covered by your insurance is your responsibility. Based on the specifics of your dental insurance plan, we can estimate the amount of your responsibility for you and your family members, and require payment at the time you receive treatment.

I will pay my responsibility by:

- 1. Cash
- 2. Check
- 3. Credit Card (Visa, MasterCard, Discover, CareCredit\*)

I acknowledge and agree to pay for any balance on my account that my insurance does not pay.

\_\_\_\_\_  
Patient Signature (Parent – if minor)

\_\_\_\_\_  
Date

\*CareCredit is an outside financing/extended payment plan available to our patients. For more information, inquire at the business office.

**Broken or Cancelled Appointment Policy**

**TO RESCHEDULE AN APPOINTMENT AFTER 2 BROKEN OR CANCELLED APPOINTMENTS IN A ROW, A \$25.00 DEPOSIT IS REQUIRED. THIS DEPOSIT IS REFUNDED IF THE APPOINTMENT IS KEPT.**

\_\_\_\_\_  
Patient Signature (Parent - if minor)

\_\_\_\_\_  
Date

*The more you see us...the more you'll smile*