E.Charles Beliveau, D.D.S., PLLC
987 Osgood Street
North Andover, MA 01845
978-687-5900

Payment Policy

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

My preferred payment option is:

_____Cash
_____Check
_____Major credit card (Visa, Mastercard, Discover)
_____***

A note for patients with Dental Insurance

Dental insurance usually does not cover the total cost of your treatment, Based on your plan, we usually can estimate the amount of your co-payment. Your co-payment is expected when treatment is delivered. If your insurance company fails to pay within 60 days after we submit your claim, you will be responsible for the full fee.

***For treatment amounts over $300.00, please inquire about the possibility of an extended payment plan.

Acceptance Agreement

I understand and agree with the above financial policy. I understand the parent or relative bringing a child for dental treatment is responsible for ALL fees, regardless of insurance coverage.

Patient/Responsible party_____
Printed name

_____
Signature

_____
Date