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Dear _____,

Thank you for choosing our practice to provide your dental care. Please be assured that our goal is to deliver the highest quality dental service to our patients. Enclosed you will find a health history form to fill out and bring with you at the times of your appointment, 48 hours notice would be most appreciated.

If you have dental coverage please bring any applicable cards or any forms with you so that we may copy them to have in your record. Also, if you are not to be accompanied by the person that hold the benefit contract, be prepared to provide their full name, address, social security number and date of birth. This office will submit all claim forms to your insurance company. Payment of deductibles and co-payments will be due as services are rendered. This office will accept cash, check, debit or major credit cards. If we are not participating with the commercial insurance you are covered by, payment is due in full as services are rendered.

This information is to help you understand the complexities of dental benefits. Most insurance contracts are not designed to cover all dental care and therefore, have limits and varying degrees of coverage. All levels of payment by insurance companies, including allowed fees, are based on a combination of our cost, our time and our dedication to supply patients with the highest quality of care. The treatment recommended by our office is never based on what your insurance company will pay and your treatment will not be governed by your benefit contract.

It should be understood that dental coverage is between the insurance company and the patient and not the doctor. It is the patient who bears the ultimate financial responsibility for services rendered. We hope this information has been helpful. Please take the time to review your contract thoroughly to make sure the service that you are seeing our doctor for is covered under your policy. If you have any questions please do not hesitate to ask.

Thank you.