Pediatric Dental Center of Mansfield, PC
905B South Main St., Mansfield, MA 02048 (508) 337-3307

Consent and Payment Information

Payment Terms and Conditions

Child's Full Name:	
As set forth by the management, all fees for private accounts (no insurance) must be paid in full at the time of service. Payment can be made by check, cash or credit card. Other payment arrangements must be authorized in advance. Any account balance of 31 days or more will be subject to a service charge (per month) on the unpaid balance. For those with insurance, this office will accept assignments of benefits providing you pay all co-payments/deductibles at the time of the visit. Any insurance payment not received in 45 days from the date of service will be charged to your account. We accept no responsibility in collecting overdue insurance claims or negotiating settlement on disputed claims.	
In consideration of the professional services rendered to my child at 905B South Main Street, Mansfield, MA 02048, I agree to accept full responsibility for the payment of such services, and I agree to pay all costs incurred after insurance reimbursement (if applicable), including late fees or fees charged by a collection agency. I grant permission to Pediatric Dental Center of Mansfield, PC., or your assigns, to contact me at home/work to discuss past due account matters. I have read the above conditions for payment of services rendered and agree.	
Parent / Guardian Signature:	**Date:**

Consent For Treatment

As parent or guardian of this child, I understand that all proposed treatment will be reviewed and explained to me prior to being performed. I consent to Dr. Robert J. Moreau and staff, at 905B South Main Street, Mansfield, MA 02048 to provide necessary treatment that my child requires.	
Parent / Guardian Signature:	**Date:**