



ASSOCIATES IN PERIODONTICS, P.L.C.

Paul A. Levi, Jr., D.M.D.

Brian D. Shuman, D.M.D.

Holly A. Halliday, D.D.S.

Matthew R. Kolesar, D.M.D., M.M.Sc.

WELCOME TO THE ASSOCIATES IN PERIODONTICS

APPOINTMENTS: Our office will provide you with the finest and most up to date periodontal, dental implant and sleep apnea / snoring cessation treatment. Continuity of care is critical to the success of periodontal treatment. We understand that you may occasionally need to change your appointment. We ask that you provide us with 48 hrs or two business days notice for all appointment changes. Otherwise, a fee may be charged.

PAYMENT: Payment for treatment is expected at the time of service. MasterCard, Visa, Discover, debit cards, personal checks and cash are accepted. We are pleased to provide a one-year interest free financing option, CARE CREDIT. Our office and other dental and medical offices in the area accept it. Please inform us if you wish to learn more about this service. We will do everything we can to help you receive the care you need.

INSURANCE: We are happy to submit your dental insurance claims. We need your patient information form filled out completely or a completed insurance form provided by your employer. If you prefer to submit your own insurance, we will provide you with a statement of services at the time of your visit. You should receive reimbursement in 30 days. The amount reimbursed varies widely depending upon the policy level chosen and purchased by your employer. For Delta insured patients, we require your co-payment at the time of the service (usually 20%).

PRE-ESTIMATE: Insurance companies sometimes require a pre-estimate of benefits. The clinical information required can be obtained after a complete examination and treatment discussion (2 visits). We will submit the pre-estimate for you and provide additional information to the insurer as needed. Your insurance company should estimate coverage for services in approximately 4-6 weeks.

AVAILABLE FOR YOUR CARE: Comprehensive non-surgical, surgical, regenerative and reconstructive periodontal therapy
Computer Digital X-rays and periodontal examination
Placement of Dental Implants
Snoring / Sleep Apnea treatment with Oral Appliances
in conjunction with The Vermont Regional Sleep Center
Migraine Headache Treatment with NTI Oral Appliance

AVAILABLE FOR YOUR COMFORT:

A wonderful talented caring staff
Streaming XM/Sirius Satellite Radio with headsets
AM/FM Walkmans with headsets
Virtual Vision Cable TV glasses

EXCLUSIVELY PERIODONTICS AND PROCEDURES IN IMPLANT DENTISTRY

248 South Main Street
Barre, Vermont 05641
802-476-0995
fax 802-476-0870

Email: vermontperio@aol.com
www.vermontperio.com

247 Pearl Street
Burlington, Vermont 05401
802-863-5447
fax 802-863-1018



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DIRECTIONS TO OFFICES

To: Burlington Office, 247 Pearl Street, (802) 863-5447

From: New York, Plattsburgh Area

Interstate 89 South to exit 16. Take a right at light. Travel straight for 2.6 miles. Do not bear right or left. You will cross a bridge in Winooski. Proceed directly through traffic light up the hill. You will pass Kathy's Flower Shop on your left and the Fletcher Allen Hospital on the left. You are now on Pearl Street heading towards Lake Champlain. At the bottom of Pearl Street you will see a Mobil gas station on the left. Travel 3 houses further to the entrance of **247 Pearl Street** on your left. Turn left into **OUR** parking lot, directly across from us is Lakeside Pharmacy and the Vermont State Liquor store. **Do not park in the Lakeside parking lot.....they will tow!**

To: Burlington Office, 247 Pearl Street, (802) 863-5447

From: Vermont

Interstate 89 to exit 14 west. Travel through 7 traffic lights (they are close together), at the 8th light take a right on **South Prospect Street. Just past the green in front of the University of Vermont classroom buildings.** At the next 4-way intersection of traffic lights take a left, this will be **Colchester Avenue/Pearl Street.** Follow it until you see a Mobil gas station on the left. Travel 3 houses further to the entrance of **247 Pearl Street** on your left. Turn left into **OUR** parking lot, directly across from us is the Lakeside Pharmacy and Vermont State Liquor store. **Do not park in the Lakeside parking lot.....they will tow!**

To: Barre Office – 248 South Main Street (802) 476-0995

From Interstate 89 take exit 6. A very long ramp – go to the end. At the light take a left onto Route 14. You will pass McDonalds and Hannafords on your right hand side. Continue until you see The Hollow Inn on your right hand side and come to a stoplight. Take a right onto East Parkside Terrace. Our parking lot is immediately to your left. Our building is yellow and there is signage saying Associates in Periodontics.

From St. Johnsbury - VT Route 14 south. Turn left onto North Main Street approximately 1.8 miles – US 302/ VT 14. Continue to follow VT 14, you will pass the Days Inn Hotel. We are across from Tucker Machines. You will take a left at the light onto East Parkside Terrace. Our office is the yellow building on the corner to your left. Signage is in the front yard, Associates in Periodontics. There is a parking lot behind our building for your convenience.

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Burlington, Vermont 05401
802-863-5447
fax 802-863-1018

PATIENT INFORMATION (CONFIDENTIAL)

ID# _____

NAME _____ DATE _____
 FIRST MI LAST

ADDRESS _____ CITY STATE ZIP

SS# _____ HOME PHONE _____ WORK PHONE _____

BIRTHDATE _____ EMPLOYER _____ E-MAIL: _____

IF STUDENT, F.T./P.T., NAME OF SCHOOL _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY _____ PHONE _____

WHOM MAY WE THANK FOR REFERRING YOU? _____

RESPONSIBLE PARTY (IF DIFFERENT THAN ABOVE, PLEASE FILL OUT)

NAME OF PERSON RESPONSIBLE FOR THIS ACCOUNT _____ RELATIONSHIP TO PATIENT _____

ADDRESS _____ HOME PHONE _____

BIRTHDATE _____ SS# _____

EMPLOYER _____ WORK PHONE _____

IS THIS PERSON CURRENTLY A PATIENT IN OUR OFFICE? YES NO

PRIMARY DENTAL INSURANCE INFORMATION

SUBSCRIBER NAME _____ RELATIONSHIP TO PATIENT _____

BIRTHDATE _____ SS# _____

NAME OF EMPLOYER _____ UNION OR LOCAL# _____ WORK PHONE _____

EMPLOYER ADDRESS _____ CITY STATE ZIP

INSURANCE CO. _____ TEL# _____ GRP# _____ POLICY# _____

INS. CO. ADDRESS _____ CITY STATE ZIP

DO YOU HAVE ANY ADDITIONAL DENTAL INSURANCE? YES NO IF YES, COMPLETE BELOW

SECONDARY DENTAL INSURANCE

NAME OF INSURED _____ RELATIONSHIP TO PATIENT _____

BIRTHDATE _____ SS# _____

NAME OF EMPLOYER _____ UNION OR LOCAL# _____ WORK PHONE _____

EMPLOYER ADDRESS _____ CITY STATE ZIP

INSURANCE CO. _____ TEL# _____ GRP# _____ POLICY# _____

INS. CO. ADDRESS _____ CITY STATE ZIP

Authorization to release information to the insurance company:

X _____
SIGNATURE OF PATIENT OR PARENT/GUARDIAN IF MINOR