



## OFFICE POLICIES

### Appointment Reminders

You will be reminded of your upcoming appointments with adequate time for you to make changes, if needed. However, please understand that it is ultimately your responsibility to keep track of your appointments.

### Cancellations

We request a **minimum of 24 hours notice** if you wish to reschedule your appointment (48 hours notice for Monday appointments). In cases where insufficient notice is given, a fee equal to the cost of the services planned for your appointment may be charged to your account.

### Direct Billing Insurance and Payment Arrangements

The Canadian Personal Privacy Act prohibits us from accessing any information from your insurance carrier. Therefore, it is your responsibility to know the details of your plan, such as annual maximums, frequencies, and other limitations. We extend the courtesy to bill your insurance carrier directly; however, to avoid any discrepancies, please be aware of the particulars of your plan. This will help you to maximize your dental benefits. Prior to your treatment, you may request that a “pre-determination” be submitted to your insurance carrier to give you an estimate of what will be covered prior to having the treatment done.

Below are the two payment options that are available to you. Please circle the option that you prefer:

Option 1
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Payment is due in full on the day that treatment is completed. We accept cash, debit, Visa, and MasterCard. Your payment will be processed and insurance documents will be generated for you to submit to your insurance carrier. Your insurance carrier will reimburse you directly via cheque or electronic direct deposit.

Option 2
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We will bill your insurance carrier directly. You will be required to leave a credit card number on file and any outstanding amount (i.e. any amount that is not covered by your insurance carrier) will be applied to that credit card. A receipt for payment will be provided to you.

### Fee Estimates/Quotes

Any fee estimates/quotes, including insurance pre-determinations, for treatments prior to January 1<sup>st</sup> will be recognized until March 1<sup>st</sup> of that New Year. After that, any outstanding treatment estimates/quotes may change depending on the current year's fee schedule.

I have read, understood, and agree to the policies above.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

### Option 2 Only

I hereby authorize any outstanding balances that are not covered by my insurance carrier to be automatically applied to:

Credit Card (circle one):          Visa          MasterCard

Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_(mm/yy)

Cardholder name: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_