

Account and Payment Policy



Dental Insurance

We provide direct billing to our patient's insurance carriers that allow for assignment of benefits for dental services provided. A claim will be processed for those individuals with non-assignment plans so they may receive reimbursement from their insurance carrier.

Patients who do not have insurance coverage or have insurance plans that do not allow assignment of benefits must provide full payment on the date of the appointment, unless prior arrangements have been made.

The patient portion owing on the claim must be paid on the date of the appointment when the insurance carrier provides that information on an electronic claim response.

When an electronic claim does not provide the patient portion owing on the claim or, if a claim cannot be sent electronically, the following will apply.

1. The patient portion owing will be estimated at 20% of all claims generally considered "basic" and is payable on the date of the appointment.
2. The patient portion owing will be estimated at 50% of all claims generally considered "major" and is payable on the date of the appointment.

All insurance payments must be provided within 45 days. If the insurance carrier does not provide payment within 45 days, the patient is responsible for the payment and must seek reimbursement from their insurance carrier.

Individual insurance policies vary in regards to personal coverage and fee schedule guidelines. **It is the patient responsibility for all knowledge regarding their personal coverage.** Pre-authorizations for specific dental services will be sent to the insurance carrier "**when requested by the patient.**"

DENTAL BENEFITS

- No (If no, please complete Person Responsible for Account)
 Yes (If yes, have all your insurance information ready for your first visit)

Special Circumstances

Our foremost concern is the dental health of all our patients. If you have any concerns regarding your account you may contact the office manager.

Cancellation Policy

48 hours notice is required for cancellation of all appointments. **A \$50.00 cancellation fee may be charged if special circumstances do not apply.**

Our methods of payment include; cash, cheque, direct debit, VISA, MasterCard

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

Patient or Parent (guardian) Signature: _____ Date: _____