



DENTALCHOICE.CA

Insurance and Financial Policy

At Dental Choice, we believe that open discussion of fees and insurance will lead to better care for you and a great dentist-patient relationship.

Your insurance company pays out on the basis of the premiums you or your employer pays. Your insurance may cover less than you like because the premiums paid on your plan only allow for a certain level of coverage.

- **For patients with one insurance policy:** We expect your co-pay (amount not covered by insurance) at each appointment. At times when we cannot precisely determine the co-pay, you may receive another invoice for the balance. We require your credit card number on file for this. Let us know if you would like us to call you when we use your card.
- **For patients with two insurance policies:** We will submit to both insurance companies. Depending on plan limits, you may still have a charge.
- **For patients with no insurance:** Your balance is due in full, on the date of service. We encourage estimates for all services, whether you have insurance or not.

Initial

_____ **Your dental benefits are based upon a contract between your employer and an insurance company. Recommended treatment is not always covered under certain insurance policies, rather they only cover what your plan has chosen to cover. You may need to contact your employer or insurance company directly to determine coverage.**

_____ **Preauthorization and estimates:** We can help you check what your plan covers prior to proceeding with treatment. These amounts are only an estimate, and not a guarantee of coverage. Preauthorization can sometimes delay treatment.

_____ We direct bill your insurance company as a courtesy. If insurance does not pay within 45 days, we reserve the right to request payment in full for service, from you, and let you collect the insurance funds that are due to you.

_____ Please keep in mind that most insurance policies do not cover 100% of the cost of your treatment. You will be required to pay the deductible and the non-insured portion of the charges, **on the day the service is rendered.**

_____ We require payment in full for your portion at the time of service. We accept MasterCard, Visa, American Express, Debit, money orders, and cash. **We do not accept cheques.**

_____ A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require **at least 48 hours** notice to avoid a **\$100 cancellation fee** (emergencies are an exception).

I agree with the above conditions.

Print Name: _____ Date: _____

Patient/Parent Signature: _____