

OFFICE FINANCIAL POLICY

INITIAL EXAMINATION

The initial appointment consists of an examination and a review of the possible treatment options. Payment is due at the time of the appointment.

ENDODONTIC TREATMENT

The total fee is due when treatment is initiated.

OFFICE POLICY CONCERNING DENTAL INSURANCE

The estimate for insurance coverage is based on the insurance details you have provided. It is important to understand this is only an estimate. The amount settled by the insurance company may be affected by such factors as annual limits of coverage, non-coverage of certain procedures, and other factors out of our control. We encourage you to scrutinise the terms of your dental insurance plan.

With your approval, our office can submit a predetermination of insurance benefits prior to initiating treatment. Our office will notify you if there are any changes to the fee estimate as a result of the predetermination.

Our office does not accept direct settlement from insurance plans; you are responsible for the total fee at the time services are rendered. On your behalf, we are pleased to submit forms for insurance claims and endeavour to assist you in receiving the benefits owed to you by your insurance provider.

ALTERED OR CANCELLED APPOINTMENTS

After an appointment has been reserved for you, 48 hours notice is required for alterations or cancellations. Less notice may result in a fee of \$55.00.

CONSENT TO TREATMENT AND COSTS

I, the undersigned, confirm the treatment recommendations have been explained to me along with the risks and alternatives. I consent to the performing of the recommended treatment, including the use of local anaesthetic. I confirm I have informed the endodontist of any relevant allergies or sensitivities. I have read and understand the policy concerning the costs of treatment. I accept the costs of the proposed treatment and understand that any portion of those costs not covered by insurance are my responsibility. A copy of this form has been provided to me.

Patient (Print Name)

<input type="text"/>	<input type="text"/>
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First Name

Last Name

Patient (Signature)

<input type="text"/>	<input type="text"/>
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Date

Day/ Month/ Year

110-11300 No.5 Rd
Richmond, BC
V7A 5J7

t 604.274.3499

f 604.274.3477

office@endodonticcentre.com