



UXBRIDGE FAMILY DENTISTRY

Dr. Michael Banh & Associates

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UXBRIDGE FAMILY DENTISTRY OFFICE POLICIES

At Uxbridge Family Dentistry, we provide caring, experienced dentistry for the whole family. Your dental health is our main priority and in order to better serve you, and to ensure there is no interruption in your dental treatment, it is important for all new patients at the practice to review and understand our office policies as set out below. These policies are effective September 21, 2009.

FINANCIAL POLICY

Payment of fees must be made at the time services are rendered. For your convenience, we accept cash, Visa, Mastercard, and certified cheques. Personal cheques may be accepted from patients who have been in good financial standing with the practice after one (1) year. Please note that NSF cheques will be subject to a \$25 additional charge to cover administrative and bank charges. Additionally, we reserve the right to levy a financing charge of 2% monthly on any balance owing over thirty (30) days from the date of treatment.

Please be aware that your dental insurance is a contract between you and your employer. It is your responsibility to understand your benefits and dental coverage. However, as a privilege to patients with dental insurance, we will gladly submit your insurance claims electronically to expedite the reimbursement of benefits directly to you from your insurance company. In order to keep your insurance information up-to-date, you must provide the office with all pertinent information relating to your insurance coverage.

Upon request, a written estimate will be provided to you for all treatment planned procedures. If you are uncertain about your dental insurance coverage, our office can send a pre-determination of benefits directly to your insurance company before any services are provided. The pre-determination is non-binding and you are under no obligation to continue with any such treatment.

Should you require special financial arrangements, these must be discussed and arranged in writing in advance of entering into any major treatment. For more involved, complex or extended treatment, a non-refundable deposit may be required prior to the start of your treatment. This deposit will be applied towards your final balance owing.

*Please do not hesitate to ask about the estimated cost of your treatment.
It is your right to understand our fees.*

CANCELLATIONS & MISSED APPOINTMENTS

When you book an appointment with us, we reserve that time specifically for you to see the dentist or hygienist. As such, we require **48 hours notice** in the event an appointment must be cancelled. This allows other patients awaiting treatment to be rescheduled into the time slot initially reserved for you. Short notice cancellations (i.e. less than 48 hours notice) and missed appointments are subject to a **\$50 fee per 60 minutes of scheduled time**.

*Your dental health is of the utmost importance to us.
Your co-operation with our office policies is greatly appreciated.*

I have reviewed and understand the office policies above, and hereby agree to abide by them.

Print Patient Name: _____

Patient Signature: _____

Date (DD/MM/YY): _____

Witness Signature: _____