



Financial Policy

We will gladly accept payment from your insurance company should your plan allow direct payment to the dental office.

We follow the current Alberta Dental Fee Schedule resulting in approximately 8.2% less out of pocket costs for our patients. Your dental benefits plan has its own fee guide, set by the plan administrator. The eligible fees stipulated in this guide may accommodate our fee, or it may be less than our fee. If the eligible fee stated in your plan is lower than the fee charge, you are responsible for your percent portion plus the difference in fees. Even if you have dual coverage under two plans, the fee guide difference may not allow for full coverage.

As a service to our patients, we offer electronic claims submissions on the date of your treatment to plans that accept this method. If your insurance plan responds with your portion amount, payment of your portion must be made at that time. For your convenience, we accept cash, Debit, Visa, and MasterCard. We do not accept AMEX at this time. **If your insurance plan does not provide this information at the time of your visit, we require a deposit of your estimated portion and ask that you provide a credit card number so any remaining balance owing can be applied after we received payment from your plan.**

Visa MasterCard _____ Expiry ___/___ Security ___ _ _

Before the charges are applied, we will always call to advise you of any remaining balances. Please let us know the appropriate contact number to reach you.

Telephone Number _____

Cancellation Policy

To provide the best care and services to our patients, **we require two (2) business days notice for any cancellations or rescheduling of appointments. Any cancellations or rescheduling of appointments given less than 2 business days notice will be subjected to a charge (\$50 per hour), dependent on the length of appointment.** Providing prior notice will help us accommodate patients who are requesting to come in sooner for treatment.

We understand emergency situations may happen which are unavoidable, please don't hesitate to let us know so we may re-evaluate this policy.

Insurance is a reason to smile, but do not let it determine your health. We will always recommend the most appropriate treatment for your dental health, and sometimes this may not fall under the coverage your plan provides. Upon request, a written estimate will be provided to you for the treatment planned. 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. We provide this service at no cost to you.

Ultimately, it is your responsibility to understand your plan details.

I have read and understood the financial and cancellation policies and options at Jagare Ridge Dental. I have been given an opportunity to ask questions, and they have answered to my satisfaction. My signature below confirms my agreement and understanding of the above statements and policies. I authorize Jagare Ridge Dental to perform diagnostic procedures as may be required to determine necessary treatment. I assume all responsibility for the fees associated with my dental treatment and/or dental diagnostic procedures. I authorize the free exchange of information between Jagare Ridge Dental and my dental insurance agency including contact information, coverage, treatment planned and completed.

X

Signature

Date