

GENERAL AND FINANCIAL CONSENT STATEMENT

I certify that I have read, understood and accurately completed the personal, medical and dental histories, to the best of my knowledge, and not knowingly omitted any information. This information has been reviewed with me, and I have had the chance to ask questions and to receive answers regarding any medical and dental histories. I consent to my physician, any other medical specialists or health professionals being contacted if necessary. I authorize the dentist to perform necessary diagnostic procedures and treatment, including local anaesthetic and/or sedation, as required, to achieve the proper level of dental care. As written estimates are typically provided only prior to major dental treatments, I am encouraged to request a personalized estimate specific to any other recommended services at any time should I desire this. I understand that I am financially responsible to this office for any and all fees associated with dental services provided to me or my dependents irrespective of what may or may not be covered by an insurance plan. As any insurance plan I may have is a contract between myself and my insurance company. Prior to proceeding with the treatment, fees and financial arrangements will be discussed with you. While our staff will do every effort to facilitate the electronic request of insurance/benefits predetermination and claims on your behalf, it is understood that the patient is ultimately responsible for the fees associated with the services rendered which should be paid at the time of service. Your dentist will give you information on available treatment options appropriate to address your dental care needs, regardless of the nature and extent of your dental plan coverage. In addition, our staff members will assist you by supplying information required to enable you to receive benefits to which you may be entitled under your dental plan. Your dentist will be happy to supply you with claim and pre-treatment forms, which you will need to receive benefits through your dental plan.

Sometimes additional information may be requested by your plan administrator in order to ensure that the treatment is covered by your plan. In such cases the plan administrator will write to you and ask you to obtain the information from your dentist. Your dentist will supply any information you request, but it is your responsibility to provide it to your dental plan administrator. This ensures that your health record remains confidential and your privacy is protected.

Dental plans are designed to help patients pay for their dental treatment. However, not all dental treatments are eligible or fully reimbursable. If your dental treatment is only partially covered, you will have to share in the cost of your dental care, and this will be your responsibility to be paid in full by the end of the treatment. We encourage our patients to bring their booklet of benefit at the first visit to our office.

Remember, you are a partner in your oral health. All treatment and care decisions should be made by you and your dentist based upon your actual needs, aside from your dental plan coverage. Your dental plan is not necessarily a treatment plan! In many cases, were assignment of benefit is not allowed. Payment in full is expected at the time of treatment

Please be advised that for all dental procedures that include dental laboratories fees, the lab fees will be paid up front.

Signature of Patient (or Legal Guardian if under age 18): _____

Name of Legal Guardian if patient under age 18: _____

Date (DD/MM/YY): ____/____/____

Method of payments: Debit Visa Mastercard
 Personal cheques - accompanied by a driver license and a credit card.

Reviewed by Dentist: _____ Date (DD/MM/YY): ____/____/____