

# Financial Policy and Agreement



Thank you for choosing us for your dental needs. We are committed to providing you with excellent care and convenient financial arrangements. Our financial arrangements are based on an open and honest discussion of recommended treatment options, respective fees and patients' financial capabilities. To confirm your understanding and agreement with our policies, please read the following:

## **Payment:**

Payment in full is due at the time services are rendered unless prior financial arrangements have been made. We accept Visa, MasterCard, debit, e-transfer, and cash. Personal cheques are not accepted.

## **Insurance:**

Our office is committed to helping patients maximize their benefits. Insurance policies vary greatly. Therefore, owing to the complexity of Insurance contracts, you are fully responsible for knowing your own insurance plan and what you are not covered for. Treatment is recommended based on what you need, NOT what you are covered for. As a courtesy, we will gladly send your claim electronically for you, on your behalf, to your insurance company providing that your company does allow electronic submission.

## **Missed Appointments and Fees:**

We will always try to keep your visit as efficient as possible, ensuring that it starts on time and ends on time. We appreciate your help in keeping our schedule running efficiently. We know that everyone's time is valuable and we are always happy to reschedule or cancel appointments with a minimum of two business days' notice. Failure to provide us with notice of cancellation at least two business days in advance, or failure to show up for a scheduled appointment will result in a rebooking fee to your account. Fees are charged according to length of time allotted for your appointment.

## **Service Charges:**

Service charges are applied on all overdue accounts. We understand temporary financial problems may affect timely payment of your balance in some cases. In those situations, we encourage you to communicate any such problems immediately to our Front Desk at 519-672-1360 during regular business hours.

## **Minors:**

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A parent or guardian must accompany all minors to their dental appointments. The parent or guardian accompanying the minor is responsible for full payment. In the case of divorced or separated parents, the parent accompanying the child is responsible for payment, without any exception. Our office will not attempt to collect payment from a parent that is not present in the office at that visit.

## Financial Consent and Authorization for Treatment

We wish to stress that the financial responsibility for services rendered rests with the patient and his/her family, regardless of any insurance coverage; your insurance policy is a contract between you and your insurance company. We cannot guarantee payment or coverage of your claim.

I agree to pay all fees and charges for services rendered at the dental office of Dr. Lindsay Tuckwood, DDS for myself and my family. I agree to pay all charges when presented with a statement unless prior credit arrangements are agreed upon in writing.

I understand and agree, regardless of my insurance status, I am ultimately responsible for any unpaid balance on my account.

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Print Name	Signature	Date
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## Electronic Communication Consent

I agree to receive email and/or text messages from the dental office of Dr. Lindsay Tuckwood, DDS which may include appointment confirmations, newsletters, upcoming events and important notifications.

*\*You can withdraw your consent at any time.*