



THAMES RIVER FAMILY DENTISTRY

Financial Policy & Agreement

Thank you for choosing us for your dental care needs! We are committed to providing you with excellent dental care and convenient financial agreements. Our financial agreements 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 agreements have been made. We accept – Visa, MasterCard, Debit and cash. Certified cheques will also be 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 on 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.

Minors:

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. This office will not attempt to collect payment from a parent that is not present in the office at that visit. It is not our responsibility.

Missed Appointments:

Once an appointment has been made a room is reserved specifically for you. Please be considerate and allow at least two business days to change or cancel an appointment in order to avoid a service fee.

Services 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 team at 519-352-2200; they can be reached during regular business hours.

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 Thames River Family Dental 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 that regardless of my insurance status, I am ultimately responsible for any unpaid balance on my account.

Signature

Date

Print Name

Electronic Communication Consent

I agree to receive email and/or text messages from Thames River Family Dentistry which may include appointment confirmations, newsletters, upcoming events and important notifications.

*You can withdraw your consent at any time.