

Practice Policy

We are committed to providing you with the best possible comprehensive dental care available. In order to begin a longstanding professional relationship with you, we have outlined our practice and payment policy below and ask for your understanding and cooperation.

1. **Initial/Emergency/Single Treatment Visits** - Services are provided on a fee for service basis. Full payment is due at the time of consultation/service delivery. For your convenience we accept cash, cheques and the following credit cards: Mastercard, Visa and American Express.
2. **Multiple Visit Treatments** - Your treating specialist will prepare an estimate of prosthodontic fees for your review. All services are provided on a fee for service basis unless other arrangements have been made with our practice manager. 'Other arrangements' are per occasion only and are not to be considered permanent arrangements.
3. A **deposit of 50% will be required** for treatments requiring external laboratory services (eg. removable appliances, crowns/bridges, implant restorations). This deposit is payable at the commencement of treatment and will secure your appointment. **Balance of the treatment fee is payable on the day of issue.**
4. **Insurance Rebates** - You may obtain an estimate of the insurance rebate by presenting your treatment estimate to your insurer. Rebates vary between insurers and the type of insurance coverage. Certain insurers have arrangements with their in-house dental providers and may reduce your rebate on our estimate to encourage you to attend their providers.
5. **Overdue Accounts** - Interest at the rate of 2% per month, will be applied to all balances exceeding 90 days. If an account requires collection by a third party, the patient/guarantor will be responsible for any fees incurred.
6. **Cancellation Policy** - Extended treatment appointments are common in prosthodontics. These appointments are reserved for you. An hourly fee of \$150.00 will be charged for all missed appointments and appointments cancelled without notice. A minimum of 24 hours' notice must be provided to allow us to reallocate *your* time to another patient, or a fee will be charged to cover the cost of lost clinical time.
7. Additional procedures may be required if something unexpected is encountered during your treatment. This may result in additional fees. Any additional treatment will be discussed with you.
8. On occasion we will provide you an estimate of fees for treatments provided by other specialists. These are **ESTIMATES ONLY** and provided for you as a guide to the total cost of treatment. The consultant specialists providing these services will prepare an estimate of their fees for you following your consultation with them.

Tick the following to acknowledge acceptance of terms and complete by signing below:

I hereby authorise the taking of x-rays, study models, photographs and other diagnostic aids deemed necessary to make a thorough diagnosis of my dental needs. In connection with dental services, I agree and consent to allow the photographs taken before, during, and after completion of my dental treatments to be used for dental records, research, education, public relations, and patient counseling. I further agree and consent that the photographs relating to my dental care may be published and re-published, either separately or in connection with each other in dental photo albums, professional journals, or dental books.

Upon such diagnosis, I authorise the doctor to perform all recommended treatment, mutually agreed upon by me (the patient) and to employ such assistance as required to provide proper care.

I agree to be responsible for payment of all services rendered on my behalf or on behalf of my dependents as outlined in the Treatment Estimate.

Patient:

Witness:

Signature of Patient

Date

Signature of Witness