

Welcome to Tooth Suite Family Dentistry

Our Hours of operation are:

- Monday & Tuesday 9:00 am to 8:00 pm
- Wednesday & Thursday 9:00 am to 4:00 pm
- Fridays 9:00 am to 2:00 pm

We are a busy dental practice with a large number of patients and as a courtesy to our other patients waiting for the earliest possible appointment, **we require 24 business hours notice of cancellation.**

PAYMENT IS DUE WHEN SERVICES ARE RENDERED.

We do offer direct billing to primary insurances, however we do not direct bill or submit secondary insurances any longer.

We will be happy to assist you in filling out your secondary insurance forms for the treatment done so your insurance company can reimburse you directly.

Payments can be made with the following: **Cash, Debit, VISA, and MasterCard**



Acknowledgement of receipt

I acknowledge that I received a copy of Welcome to Tooth Suite Family Dentistry.

Non-Attendance / Cancellation Policy

Dear patients,

As you are aware, there is a high demand for dental and hygiene services and therefore we have had to implement the following policy:

YOU will be billed for the time you have scheduled with your dentist or dental hygienist. If you do not present, or are unable to attend, and cancel your appointment with **less than 24 hours'** notice, you **will** be charged \$50.00.

We thank you for your understanding.



Acknowledgement of receipt

I acknowledge that I received a copy of the Non-Attendance / Cancellation Policy

Financial Agreement

We offer 2 different options in which your dental treatment can be paid. Please choose one of the following two options.

Option 1: You may pay in full at the time of the service, after which we will submit your dental claim on your behalf and have the insurance company issue the cheque directly back to you.

Many of our clients use a point's type credit card with this option so they can redeem points

Option 2: Direct billing - Assignment of Benefits from your primary insurance company will require a valid credit card number to be left on file. Direct billing is a courtesy we offer to our patients.

All dental procedures in our practice are treatment planned based on the dental needs of the individual patient not limited to the benefits extended to the patient by their insurance provider.

Credit Card Authorization

I authorize Tooth Suite Family Dentistry, to keep my signature on file and to charge my Visa/MasterCard account for:

- Balance of charges not paid by my insurance within 30 days of filing
- Charges accrued as a result of broken appointments or short notice cancellation

Patient Name:

Cardholder Name:

Credit Card Billing Address:

Phone Number:

(Home)

(Work)

(Cell)

Credit Card Type: **VISA** **MasterCard**

Card Number:

Expiry Date:

CVV:

Cardholder Signature:



Insurance Authorization

I hereby authorize payment directly to Tooth Suite Family Dentistry, for services rendered, otherwise payable to me. I authorize the releases of any information relating to my dental claims through this office.

Print Name

Authorized Signature



Date