

Bedford Dental Centre Policies

Financial Policies

We are pleased to file a dental claim to your insurance company on your behalf. Patients are responsible for the balance not covered by Insurance, and are required to pay their portion the day of treatment. With the introduction of the Health Privacy Act and the diversity of dental benefits, it is difficult to estimate each patient's insurance payments. We can submit your claim electronically and will know your remaining portion the day of treatment. If we do not receive instant feedback from your insurance, the estimated % of your portion will be collected the day of treatment. For Major work, if you require a financial arrangement, please discuss this with your receptionist. If your insurance plan pays you directly, the balance in full is required the day of treatment.

Consent

We believe in open dialogue and informed consent at all times, meaning that the patient is always aware of, and in agreement with the treatment being performed. No treatment is provided without patient (or parental/guardian) consent.

Privacy

Please read out Privacy Policy

We are committed to protecting our patient's personal information. Privacy of our patient's personal information is an important part of our office providing patients quality dental care. We will collect, use and disclose your personal information responsibly.

Understanding your Dental Insurance

With the introduction of the Health Privacy Act and the diversity of dental benefits, it is difficult to know each patient's specific insurance coverage. It is the patient's responsibility to keep their insurance information up-to-date and to understand their own insurance coverage and limitations. Please notify us of any changes to your dental coverage. Our front desk staff is pleased to help you understand your dental insurance coverage. To better understand your coverage, we suggest contacting your insurance provider to ask the questions from our "Insurance Questions" Sheet.

Cancellation or Failure of Appointment

We require 24 hours notice for cancellation or rescheduling of any appointment. We reserve specific amounts of time for you care, therefore there is a \$30 to \$50 charge for missed appointments or late cancellations, depending on the length of visit booked. We will understand when a true emergency has occurred.

AKNOWLEDGEMENT

I have read and understood the policies of Bedford Dental Centre. I agree to the financial responsibility for the Balance not covered by Insurance, as well as Bedford Dental Centre's Cancellation or Failure Fees.

Signature: _____

Date: _____