TO OUR VALUED PATIENTS AT THE AIRPORT DENTAL CENTRE

Welcome to our dental centre. We would like to take this opportunity to thank you for choosing our office. At this time, please review our office policies which are effective to all our patients. We ask that you support our policies to make each visit enjoyable.

Your time is valuable as is our Doctor's time.

The office policies are as such:

- As part of our patient profile for our New Patients, a Driver's License Number and/or Social Insurance Number of the patient/parent/legal guardian/person financially responsible for the account is required. (Note that this information is kept in the strictest of confidence and is for office use only.) Driver's License/SIN #:______ Name (as it appears on card):
- 2. You will be required to pay the office ON the date of service if there is an issue with your insurance coverage and/or your plan is non-assignment. All insurance forms will be provided to you for direct reimbursement if electronic claim submission can NOT be sent.
- 3. You acknowledge any dental procedures not eligible or fully covered under your plan are deemed patient responsibility and are due ON the date of service.
- 4. You acknowledge that The Airport Dental Centre will send your dental claims electronically on your behalf, when applicable.
- 5. You will provide a **minimum 2 business days** notice for appointment changes. An office charge will be charged to you for appointment delinquency.
- 6. We accept the following payment methods: CASH, DEBIT, MC or VISA (no personal cheques).
- 7. Please inform the office of any medical/health updates, changes to your home address/telephone or cell# and to your insurance coverage.
- 8. We offer FREE PARKING to all our patients for BOOKED and COMPLETED dental appointments at the end of your visit.

If you have read and accepted the above office policies, please sign below.

Print Patient Name

Date mm/dd/yy

Patient/Parent/Legal Guardian Signature: