

Didsbury Smiles Dental

(403) 335-9696

#4-2409 16th St Didsbury, AB T0M 0W0

- You are covered under the privacy act; your information through your insurance provider is confidential and **will not** be released to our office. Therefore, we urge you to become familiar with any dental benefits you may have. **Ultimately if there is a problem with your insurance, it is your responsibility.**

We are happy to complete dental benefit forms and submit electronically on your behalf as this process achieves insurance payments in as little as five days. If you have dual insurance, we will be more than happy to file your claim; however our office **does not accept payment from the secondary plan**. Therefore **any portion owing after the primary insurance pays will be the patient's responsibility.**

BILLING

Option 1

All accounts are paid at the time of service. If you have Insurance, the Insurance cheque is mailed to you in as little as three to five days.

OR

Option 2 (Direct Billing)

Insurance pays the dental office directly and the patient is responsible **on the date of service to pay the difference** not covered by their insurance company. Should the insurance company not provide the exact portion covered, **our office will charge 30% for your portion that day or you may choose to have your credit card charged for the balance** once the insurance cheque is received.

In order for Didsbury Smiles Dental to accept payment from your insurance, our office requires the following:

- **Any portion not covered by insurance must paid at time of service.**
- **Valid Credit Card OR 30% Paid at the time of service.**
- **All accounts to be cleared within 45 days from treatment date.**

To make my checkout as efficient as possible I authorize North Didsbury Smiles Dental to put through my outstanding balance automatically on my:

*Visa/MasterCard _____

Exp: _____

- If you require information regarding your coverage, it is the responsibility of the patient to request our office to complete one on your behalf. Once the pre-authorization has been assessed by your insurance, **it will then be forwarded to the policy holder. Please either email, fax or drop off a copy to our office so that we may assess the accuracy of your coverage.**

- We do our best to respect our patient's time and in turn ask for the same courtesy. Therefore our office requires **48 hours notice** to change a scheduled appointment. If we are not provided such notice or an appointment is missed a **\$50.00 fee** will be charged. **This fee must be paid prior to any further appointments.**

Patient Signature / Date

Office Authorized Signature