



Dr. Razon-Clemente Dentistry Professional Corporation

735 Renforth Drive, Unit #22 & 23, Etobicoke, Ontario M9C 2N8

OFFICE POLICY

PAYMENT

The costs of your dental treatment maybe covered by a dental plan. It is the patients' responsibility to inform themselves of their coverage. We will be more than happy to bill your insurance company electronically when the policy allows it, this will allow you to be reimbursed in a timely manner.

For your convenience we offer you Debit, Mastercard and Visa as a form of payment to us.

If your dental plan does not cover 100% of the costs of your dental treatment, or your plan is not based on the current fee guide, you may have a difference between what you paid and what you will be reimbursed.

It is also, your responsibility to inform the office of any changes regarding your dental coverage (i.e. termination, updates, new and additional coverage) that may occur along the way, in order to be able to inform you of any insurance response such as predeterminations of payments.

CANCELATION

We pride ourselves on keeping our costs affordable for our patients. One way we can accomplish this is by efficient use of equipment and our professional team. Every effort is made to schedule your appointment at a time convenient to you, our valued patient. If an unforeseen circumstance occurs and you need to reschedule your appointment, we require at least **TWO (2) BUSINESS DAYS NOTICE**. The appropriate notice will allow us to provide treatment to another patient waiting to be scheduled.

To avoid the necessity of processing a CHARGE for a missed appointment, which would not be covered by insurance, we require appropriate notice.

PATIENT RESPONSIBILITY

I have read and understood the above statement and I agree that whenever my dental plan does not cover 100% of the costs of my dental treatment, I am responsible for any and all dental charges due on the day of any dental treatment.

Signature

Date dd/mm/yyyy

Print Name

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.... good health to you and your household.