



## Pender Harbour Dental

### WELCOME TO OUR PRACTICE

We would like to take this opportunity to welcome you to our practice. We look forward to helping you achieve optimum oral health. We are aware that for many people, dental treatment creates a stressful situation and every effort will be made to make you comfortable during your appointments. If there is anything we can do to help you in this regard, please feel free to bring it to our attention.

### APPOINTMENTS

Our office staff works very hard at keeping on schedule, as we know that your time is valuable. It is therefore essential that you arrive on time for your appointments so that we may continue to be punctual for all of our patients throughout the day. Changes to our pre-arranged appointment times must be made **two** business days in advance to avoid a **\$100.00** rescheduling fee.

### FINANCIAL ARRANGEMENTS

**Fees for services are due at the time of the visit for any portion that may not be covered by an insurance plan.** Cash, debit, cheque, Visa and Mastercard are all accepted.

### INSURANCE PLANS

**Dental plans are contracts between the insurance company, the employers and the employees.** As a courtesy, we do our best to find out any details we can with regards to your plan: however due to the Privacy Act, most insurance companies deny dental offices from seeking patient's insurance information. Therefore, as the patient, **you are responsible** to inform us of any changes to your plan as well as the details of your coverage. **We take no responsibility for any fees that are not covered by your plan.** We advise you to contact your insurance company or your employer directly if needed. Please initial to confirm that you have read this:\_\_\_\_\_.

**Please be advised that we are an Amalgam (silver filling) free office and not all insurance policies will cover the full cost for white fillings on molar teeth. Please check with your plan.**

Please initial to confirm that you have read this:\_\_\_\_\_.

Your questions and comments are welcomed by all our staff, so please feel free to bring them to our attention.

Date:\_\_\_\_\_ Patient or Guardian's signature\_\_\_\_\_