



FINANCIAL POLICY

We understand that everyone's financial situation is different. For this reason, we have worked hard to provide you with a variety of payment options to help you receive the dental care you need and deserve. All treatment options recommended in our practice are planned based on your holistic health perspective, not from the perspective of a specific insurance plan. Please review the following items, so that you are comfortable understanding our payment policy and **initial the payment option you prefer.**

Option 1: **PAY AS YOU GO** _____ (*INITIAL HERE if this is the financial method you prefer*)

You may pay in full at the time of service, after which we will submit your dental claim on your behalf and have the insurance company issue the reimbursement cheque directly to you. This will enable you to keep personal records of all insurance reimbursements, collect more Air Miles/CC points, all dental transactions, to track maximum allowable benefits and be more aware of what your plan covers and what it does not cover.

Option 2: **ASSIGNMENT OF BENEFITS** _____ (*INITIAL HERE if this is the financial method you prefer*)

This option offers you the convenience of using your dental benefits as a form of direct payment by assigning payment from your dental insurance company directly to Okanagan Smiles. Please remember that your dental insurance is an agreement between your insurance company and you. This means you are responsible for services that may not be covered by your dental benefits plan. Choosing Okanagan Smiles to submit electronic claims on your behalf **requires you to leave a valid credit card number** on file. The office does not leave any balance outstanding past 30 days from date of service.

BROKEN APPOINTMENTS: One of our goals at Okanagan Smiles is to provide quality dental care in a timely manner. We make every effort to respect your time and thank you for extending the same courtesy to us. Your appointment time is especially reserved for you. In order to be respectful of the dental needs of other patients, we need at least 48 business hours notice to avoid charging you the \$100/hour fee. Doing so will allow this time to be reallocated to someone who is in need of care.

Print Name: _____ Signature: _____ Date: _____