

TO: Dentistry in Ajax and Ajax Health Services

Information for our Patients

At Dentistry in Ajax, all professional dental services are performed by licensed members of the Royal College of Dental Surgeons (“Dental Professionals”), and all institutional health care services are performed independently by Ajax Health Services, under the clinical supervision and control of Dental Professionals in a cost-sharing arrangement. Dentistry in Ajax and Ajax Health Services are each independent entities providing independent services but for ease of administration may render joint invoices for their respective services. One or more of our Dental Professionals may have a financial interest in Ajax Health Services.

Privacy Act and Consent to Treatment

By signing this form, you acknowledge and agree that (i) you have read and understood the above information prior to any professional services being provided to you by any Dental Professional; (ii) you have been provided and have read a copy of the Privacy Code for Dentistry in Ajax; and (iii) you agree to the collection, use and disclosure of your Personal Information in accordance with the Privacy Code. You can withdraw your consent at any time on the understanding that withdrawing your consent to certain information handling practices may impair the ability of Dentistry in Ajax to provide the services you are requesting.

Acknowledgement regarding Information Provided

I, the undersigned, certify that I have provided accurate and complete personal and medical – dental history and have not knowingly omitted any information. I have had the opportunity to ask questions and receive answers regarding my medical – dental history. **Should there be any change in either my health status or any other information I have provided, I will advise this dental office.** As discussed with me, I authorize the Dental Professionals and all professional staff working under the supervision and control of the Dental Professionals to perform diagnostic procedures that may be required to determine necessary treatment. I understand that information provided from or to my medical doctor or another health care provider may be necessary and I authorize the exchange of my personal information among Dentistry in Ajax, Ajax Health Services, my medical doctor and another health care provider as reasonably necessary. I have been advised that this office maintains a Privacy Code and have been provided with a copy and that my personal information will be collected, used and disclosed within the guidelines of the Privacy Code. I also understand that my personal information will be retained by Dentistry in Ajax and Ajax Health Services in accordance with their current practices, which may involve transfer and retention outside of Canada. I, the undersigned, acknowledge that the Dentistry in Ajax and Ajax Health Services are relying upon the information which I have provided being accurate and complete.

Our practice utilizes an automated application (Recall System Pro) to remind/confirm appointments via text or email.

OFFICE POLICY

Forms of Payment

Payment is expected at the time of service. You may choose from any of the following (including and combination thereof): Cash, Visa, MasterCard, American Express and Interac. If longer payment terms are needed, please ask our Office Manager about a financing option.

Missed Payment

You are responsible for any portion of the fee that is not covered under your plan. If a Financial Arrangement is needed, payment is expected to be on time. Please contact the office if you are unable to meet your financial obligation. Account statements will be mailed to you with your balance owing. **All overdue fees after 3 months, with no payment, will be sent to collections.**

Appointment Cancellation

Last minute cancellations and no shows are discouraged. Please understand that such changes affect not only your doctor, but the entire facility and other patients as well. If you need to reschedule your appointment please call our office at least **48 hours prior to your appointment**. This will allow another patient the opportunity to be seen for dental treatment. Repeated failure to notify the office within 48 hours prior to the scheduled appointment may result in a **\$50 fee Monday-Friday** and **\$75 fee Saturday**.

Insurance

OPTION 1 – FEE FOR SERVICE

This option allows you to be in control of your insurance benefits, by **paying in full** at each appointment for treatment and being reimbursed directly by your insurance company.

OPTION 2 – VIP EXPRESS CHECKOUT

Our VIP Express Checkout Program allows us to continue to offer you the convenience of using your insurance plan as a form of direct payment. You will be asked to **pay the balance not covered by your insurance** if we are provided with an Explanation of Benefits at the end of your appointment.

I agree to the FINANCIAL RESPONSIBILITY for the following: ***The out-of-pocket portion, balance not covered by my Insurance, and cancellation/missed appointment fees.***

Name of Patient / Parent or Guardian

Signature

Date

Reviewed by DENTISTRY IN AJAX

Date