

East Vancouver Dentistry
Hooman Shakiba, DMD
Financial Agreement/Treatment Consent

Thank you for choosing us as your dental care provider. We are committed to providing you with the best dental care possible. In order to achieve this goal, we need your assistance and your understanding of our payment policy.

Payment for services is due at the time services are rendered. We accept cash, personal checks, MasterCard, Visa and Discover.

Cancelled Appointments: We reserve the right to charge for appointments cancelled or broken without 24-hour notice. We respect your time by reserving a specific appointment time just for you. We do not "double book" appointments; therefore, your presence is very important.

Children of Divorced Parents or Custody Agreements: Payment is due at the time of service, regardless of who is responsible by court order. The person representing the minor child for treatment is responsible for any charges incurred.

Financial Agreement: We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that: **(Please initial)**

- _____ 1) Your insurance is a contract between your employer and the insurance company. We are not responsible for what is considered a covered benefit or a non covered benefit.
- _____ 2) Our fees are based on usual and customary fees or the contracted fees with an insurance company (if we are contracted as participating with them)
- _____ 3) Not all services are a covered benefit under all contracts. While we do our best to obtain accurate, up-to-date benefit detail for all patients, if the insurance company does not cover an amount estimated to be payed by the insurance, you as the patient are responsible for the portion not covered.
- _____ 4) We will file a claim with your insurance company as a courtesy to you. Any charges that have not been paid after 90 days will be automatically be due and payable by you. Any payments received but the insurance company after that date will be applied to your account, with any over payment refunded to you.
- _____ 5) Please note that any balances past due over 90 days may be turned over for further collection actions. We realize that emergencies do arise and may affect timely payment or your account. If such extreme cases occur, please contact the office to discuss the management of your account.

Treatment Consent: We must emphasize that as your dental care provider, our relationship is with you and not the insurance company. We will always diagnose based on what is medically necessary for you and not based on what is or is not covered by the insurance. If possible, we will give you any options available and inform you on these options. You must realize that: **(Please initial)**

_____ You (the patient), understand that x-rays are an important diagnostic tool for the dentist and that in order to give an accurate diagnosis the dentist will request current x-rays to be taken during initial and check up exams when needed.

_____ Treatment may change once in the chair. Teeth are very small, and there may be unseen things once the doctor has opened up a tooth (like needing root canal therapy). We will always try to inform you of these possibilities before hand, but it may not always be possible. You (the patient) consent to the necessary treatment that needs to be preformed if the situation arises.

Please list the names of any persons that we may discuss your dental health or health of a child with:

Patient Name	Date
Patient/Guardian Signature	