NEW PATIENT INSURANCE AND OFFICE POLICIES CONSENT FORM

INSURANCE INFORMATION

Please give your insurance card(s) to the receptionist, if applicable.

INSURANCE #1

Policy Holder's Name

Last	First	Policy Holder's Birthdate (DD/MM/YYYY)
Group/Plan/Policy#	Member ID#	Carrier#

INSURANCE #2

Policy Holder's Name

Last	First	Policy Holder's Birthdate (DD/MM/YYYY)
Group/Plan/Policy#	Member ID#	Carrier#

Do you have any other insurance we should be aware of? If so, please provide details below.

By providing your insurance information, you authorize your dentist to release your information, and that of your dependent(s), to your insurer. You authorize the payment from your insurance carrier to be submitted directly to Norwood Dental Centre to be applied to any outstanding balance on your account.

BILLING

Norwood Dental Centre is pleased to offer the following payment options. Please let us know which option works best for you.

> **Option One:** This requires you to pay in full on the day of your treatment. We accept VISA, Mastercard, AMEX, cash and debit.
>
> **Option Two:** This option allows us to direct bill your insurance. Any outstanding amounts not covered by your insurance are the responsibility of the patient, and will be collected on the day of service

In the event we are unable to obtain coverage information from your insurance company on the day of treatment, we require payment of 25 per cent (25%) of your total bill prior to your departure. We will also keep your credit card on file to cover the balance after we have heard from your insurance company as to what it will cover. You will be made aware of any forthcoming charges to your credit card prior to billing.

PAYMENT PLANS

Norwood Dental Centre is pleased to offer payments plans for applicable treatments. Interested in creating a payment plan for your dental treatment? Let the front desk team know so that we can discuss your options.

FINANCIAL POLICY

Norwood Dental Centre depends upon reimbursement from patients to cover the costs of delivering care. Patients assume the financial responsibility of paying any amounts not covered by their dental insurance on the day of service.

APPOINTMENT POLICY

At Norwood Dental Centre, we recognize your time and money are valuable. We do our best to remain on time for patient appointments, and ask that our patients do the same.

Please help us maintain the operation of our office and patient care by providing a minimum of two business days' notice if you need to cancel or reschedule your appointment. This allows us time to schedule another patient currently waiting for treatment.

If insufficient notice is given, a $50 charge will be applied to your account and must be paid in order to book future appointments.

A $25 deposit will be required to book for premium appointment times (weekends). This amount will be credited to your treatment on day of service."

PATIENT SIGNATURE:

Please sign here to indicate you have read, and agree to, Norwood Dental Centre's insurance and office policies outlined above.

________________________	________________________	________________________
Name	Signature	Date (DD/MM/YYYY)

Relationship to Patient (check off): Self ☐ Guardian ☐ Parent ☐

At Norwood Dental Centre, each patient is important and treated with care, comfort, and kindness. Our goal is to put you at ease and provide quality oral care consistent with your needs and budget.

Thank you for being our patient!