

Financial Consent Form

It is our pleasure to welcome you and your family to Cranston Dental. To provide you with the most comprehensive service, we ask that you review our financial policy consent form.

Payment: The complete cost of the dental visit will be due on the date of service. Payment can be made by: cash, cheque, Visa, MasterCard or debit.

Dental Insurance: If you have a dental insurance plan, we will file your dental claims/pre-determinations as a courtesy. If your dental insurance or personal information changes it is your responsibility to notify Cranston Dental of those changes at your earliest convenience.

Once you have been presented with a personalized treatment plan, our Financial/Treatment Co-ordinator can send a pre-authorization to your insurance company to verify plan coverage and benefits. **Please note that these are strictly estimates of treatment costs and are not a guarantee that your insurance company will reimburse you the full cost of your treatment.**

We emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to all of our patients, all charges are your responsibility from the date services are provided.

If you have any financial or insurance related questions, please do not hesitate to discuss them with our Financial/Treatment Co-ordinator.

As the privacy act is now in place we also need your signature, which consents to the collection, use or disclosure of personal information as is required for the provision of dental care.

I have read and understood the above Financial Consent Form and have had the opportunity to have any questions answered.

I consent to the collection, use and disclosure of my personal information as set out above or when referring or consulting with other dentists or doctors. I also understand and consent to the office financial policy as outlined above,

Date

Print Name

Signature
