



Office Assignment of Insurance Policies

Springbank Dental Centre ("Springbank") is hereby authorized to maintain the "Patient(s)" financial information in its records in order to make arrangements for payment of dental services from the Patient's benefits provider(s). Springbank accepts assignment of dental benefits for the Patient's convenience. Springbank requires that the Patient provide valid and current credit card information to be maintained on the Patient's file. Springbank agrees not to disclose credit card information to third parties or to use credit card information unless authorized by the Patient to do so. The patient hereby agrees that amounts owing after payment of insurance benefits will be charged to the Patient's credit card unless alternate arrangements are made and agreed to by both Parties.

With regard to dental health benefit plans, it should be realized that the plan is between the benefits company and the employee (i.e. patient) and as such the details of coverage are unknown to Springbank.

When an estimate is requested, Springbank will be as accurate as possible. Unfortunately, dental treatment complications cannot be entirely foreseen and hence differences between estimates and actual costs can arise. Once again, the difference will be the responsibility of the account holder.

*****If it becomes necessary to cancel an appointment**, I understand that **48 hours notice** is required for cancellation of that appointment. There will be a **\$75 charge** for missed appointments which will immediately be charged to my credit card without further notice. If I no-show for 3 appointments, I will be dismissed from the practice.

Initial

I have read and understood the above policies this _____ day of _____, 20_____.

Signature of Patient

Who may we contact in case of emergency: _____ (Name)

_____ (Contact Number)

How did you hear about our office? _____