

Patient Financial Responsibility Form

Unit 3-1565, Regent Avenue West • Winnipeg, MB R2C 3B3 • (204) 663-3423

Patient Financial Responsibility

I,, understand that I am financially responsible for any and all fees
, understand that I am mandally responsible for any and all rees
incurred during my dental treatment if they are not covered by my dental insurance. I understand that my dental insurance has certain
limitations and restrictions, such as authorization requirements, waiting periods, as well as non-covered services.
I agree to pay all outstanding fees at the time they are presented to me upon check out.
Signature of person financially responsible for account Date