

**Signature Smiles**  
**Account and Payment Policy**

For patients in good standing, with the exception of non-residents or patients with out-of-province insurance, this office will accept assignment of benefits from our patients' insurance carriers for dental services provided.

For the exceptions listed above full payment for each appointment must be provided on the date of the appointment. If applicable a claim will be processed for those individuals so that they may receive reimbursement from their insurance carrier.

Most insurance claims are now sent electronically, not requiring a patient's signature. For those claims that cannot be sent electronically, it is the patient's responsibility to ensure all paperwork is completed and signed.

The patient portion owing on the claim must be paid on the date of the appointment when the insurance carrier provides that information on an electronic claim response.

When an electronic claim does not provide the patient portion owing on the claim or, if a claim cannot be sent electronically, the following will apply:

1. The patient portion owing will be estimated at 20% of all claims generally considered "basic" and is payable on the date of the appointment.
2. The patient portion owing will be estimated at 50% of all claims generally considered "major" and is payable on the date of the appointment.
3. If the patient portion owing has been underestimated, a statement for the balance owing will be mailed and is payable within 30 days of the statement date.
4. If the patient portion owing has been overestimated, the balance will be held as a credit on account and applied towards future appointments. Should the credit exceed \$25 the patient will be notified.

All insurance payments must be provided within 45 days. If the insurance carrier does not provide payment within 45 days, the patient is responsible for the payment and must seek reimbursement from their insurance carrier.

**Patients who do not have insurance coverage or who have insurance carriers who do not honour assignment, must provide full payment on the date of the appointment.**

**Personal Insurance Coverage**

Our fee schedule is based on the Alberta Dental Association 1997 fee schedule with inflationary adjustments.

**Individual insurance policies vary in regards to personal coverage and fee schedule guidelines. It is the patient's responsibility for all knowledge regarding their personal coverage. Preauthorization's for specific dental services will be sent to the insurance carrier when requested by the patient.**

**Cancellation Policy**

**48 hours** notice is required for cancellation of all appointments except under special circumstances. A **\$50.00** cancellation fee may be charged if special circumstances do not apply.

I have read, understood, and agree to the above terms.

\_\_\_\_\_  
(Patient/Parent or Guardian signature)

Date: \_\_\_\_\_