



# Financial Policy

Thank you for choosing To The Root Dental Hygiene! Our financial arrangements are based on an open and honest discussion of recommended treatment options and respective costs. To confirm your understanding and agreement with our policies, please read the following.

**Payment:** Payment in full is due at the time services are rendered. Any account balances that are billed to you are due within 30 days. We accept E-transfer, Visa, MasterCard, Debit, Cheque and Cash.

**Insurance:** The office is committed to helping patients maximize their benefits. Insurance policies vary greatly. Therefore, owing to the complexity of Insurance contracts, you are fully responsible for knowing your own insurance plan and what you are not covered for. Treatment is recommended based on what you need NOT on what you are covered for. As a courtesy, we will gladly send your claim electronically for you, on your behalf, to your insurance company providing that your company does allow electronic submission.

**Missed Appointments:** Once an appointment has been made a room is reserved specifically for you. Please be considerate and allow at least 24 hours to change or cancel an appointment to avoid a service fee.

**Mobile Services:** A fee is charged to deliver mobile services; this is not usually covered by insurance.

**I am financially responsible for non-covered services, co-payments, co-insurance, and deductibles. I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined above.**

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Print Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Patient or Guarantor \_\_\_\_\_ Date \_\_\_\_\_