

Dear

*Welcome to our dental office. We are always happy to see new patients and we thank you for selecting us to be part of your health team. My dedicated team and I are committed to delivering excellent care and service to you. You can be assured that we will always do our best to ensure that any problem relating to your oral health will be dealt with expeditiously and with your wellbeing in mind. Please take the time to review our policies because they help us to maintain a high level of service for all our patients.*

*We look forward to working with you to develop and maintain your beautiful and healthy smile for life.*

*Sincerely,*

*Dr. David Gardner & Team*

## **CANCELLATIONS**

Your appointment time has been reserved especially for you. If you must cancel, please call our office **during business hours, a minimum of 2 business days prior to your appointment in order to avoid a cancellation fee of \$50 per half hour**. This gives us enough notice to offer the time to another patient who needs our care. Please **do not email or leave cancellations on the answering machine** as they may not be retrieved in time.

## **MISSED APPOINTMENTS AND NO SHOWS**

We understand that last minute changes in your schedule are sometimes impossible to avoid. However we still **charge a cancellation fee when there is insufficient or no notification**.

## **LATE ARRIVALS**

It is important that you arrive on time so that we may complete your treatment. If you arrive late, we may not be able to treat you since we will not compromise our level of care. **You may have to rebook or return to complete the treatment**. In these cases, we may not pay for parking.

**\*\*PLEASE TURN OVER\*\***

## **PAYMENT**

We accept payment by Cash, Debit, VISA, MasterCard, or personal cheque at the end of each treatment.

## **INSURANCE**

If you have dental insurance, our front desk personnel will be happy to assist you to understand your coverage for our services as best we can. We will also assist you with the completion of the necessary forms. Each plan can vary greatly and the type and extent of your benefits that you receive depend on what your employer has negotiated with the insurance company. In the event that you are not sure of your coverage, **as the policy holder, it is your responsibility to contact your insurance company and confirm the exact details of your policy** since your insurance contract is between you and your insurance company.

I UNDERSTAND THE ABOVE POLICIES AND AGREE TO ABIDE BY THEM

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Patient or Guardian / Parent Signature

Date (D/M/Y)