



Insurance & Financial Policy

Please INITIAL all applicable items:

- _____ I authorize release from my insurance company plan administrator and CDA the information contained in insurance claims submitted electronically or by mail at South Simcoe Dental Care.
- _____ I hereby assign my benefits payable from insurance claims submitted electronically or by mail to Dr. M. Laureola at South Simcoe Dental Care and authorize payment directly to him.
- _____ To the best of my knowledge, all of the preceding answers and information provided are true and correct. If I ever have any change in my health, I will inform the doctor and staff at South Simcoe Dental Care at my next appointment without fail.

Financial Policies

- ◇ The benefits you receive from your insurance company are between you, your employer and your insurance carrier. **Any benefit difference is your responsibility, which includes deductibles, fee guide differences, ineligible services or copayments.**
- ◇ **Payment for services rendered is due on the day of treatment**, unless otherwise specified in a written financial arrangement or if South Simcoe Dental Care has been assigned benefits directly from your insurance carrier.
- ◇ All estimates for care are approximated.
- ◇ A service charge of 1½% per month (18% per year) on the unpaid balance will be charged on all accounts **exceeding 90 days**, unless previously written financial arrangements are satisfied.

I have read the above conditions of treatment and payment and agree to their content.

Signature of patient, parent, guardian or guarantor of payments

Date:

Relationship to the patient