



Options for Payment

Please read through the following and circle the option that best suits you.

Option 1: The total fee for the service is paid by debit, VISA, MasterCard or American Express.

This option is preferred by many of our patients. If you have dental insurance, we will submit the claim on your behalf. Once the claim is processed the insurance company will inform you of the expected reimbursement. In many cases we are able to submit electronically and the insurance payment is received in less than a week. Knowing that insurance benefits rarely cover 100% of dental or medical services, this option allows you to keep track of how close you are to your yearly coverage maximum.

Option 2: The insurance reimbursement is payable to Heritage Pointe Dental:

This option requires a credit card to be kept on file. We will process the insurance claim at the end of your appointment and will accept the insurance company reimbursement as partial payment for the dental service.

- If the insurance company processes the claim immediately, we will collect a payment from you for your portion.
- If the insurance company does not process the claim immediately, we will process your payment once the insurance cheque is received by Heritage Pointe Dental.
- If the amount owing is over \$75, we will call to inform you that the charge will be processed on your credit card.
- For amounts under \$75, the charge will be processed automatically and a receipt will be sent to your home address.

**Please note that an insurance company rarely covers 100% of dental services. In the event that the insurance company pays the subscriber only, Option 2 is not available.

I, _____, hereby authorize Heritage Pointe Dental to process my outstanding account balance to the following credit card. I understand that if for any reason my insurance company does not pay for my dental treatment, I am ultimately responsible for the balance on my account. Any outstanding account balances will be processed on my credit card within 30 days of the appointment date.

Credit Card: VISA MasterCard American Express

 Credit Card Number

 Name on the Card

 Expiry Date

This authorization also applies to the following patients:

Name: _____

Signature: _____

Date: _____



Information about Dental Benefits

Your dental benefit plan is a unique agreement between you and your employer. Coverage and limitations are based on the premiums you and your employer are paying for the benefits. It's important for you to know the details of your plan including the yearly renewal date, the yearly dollar maximum, the coverage percentages and any frequency limitations. Health and dental benefit plans are not intended to cover all of the cost of your dental treatment.

Our role is to provide you with the dental information you need to make an informed decision about the health of your teeth. We will provide a treatment plan and estimate of costs for all dental treatment that is recommended by our Dentists. This is to assist you in planning for the costs associated with the appointments. At your request, we can also submit a preauthorization on your behalf to determine the amount of coverage the insurance company intends to provide for major services. Our treatment recommendations are based on the dental treatment that you need, rather than on the limitations of your insurance coverage.

It's important to note that even with the benefit of insurance coverage, the responsibility for paying for all dental services ultimately rests with the patient. The purpose of dental benefits is to offset the cost of the treatment and to reduce the out of pocket expense. Knowing that dental benefits rarely pay 100% of the services provided, many of our patients prefer to pay for the appointment with their credit card and be reimbursed by the insurance company directly. Payments are received within two or three days, insurance benefits can be tracked online and there is an added benefit of rewards points on some credit cards.

The best insurance in preventing dental problems and pain is to commit to the schedule recommended by your Dentist for dental exams and dental hygiene treatment. We are privileged to provide your dental care and hope to exceed your expectations while improving dental health and wellness.

Dr. Michael Trac Dr. Zoe Shum

My signature indicates that I have read and understand the above information.

Name: _____

Signature: _____

Date: _____