## **Financial and Insurance Arrangements**

We offer two different options in which your dental treatment can be paid. Please choose one of the following options.

**Option One:** You may pay in full at the time of service, after which we will submit your dental claim on your behalf and have the insurance company issue the cheque directly back to you.

**Option Two: Direct Billing from Health Plus Dental Centre** – Assignment of Benefits from your insurance company will require a valid credit card number to be left on file. Our office will not allow any balance to extend past 45 days from date of service.

All dental procedures in our practice are treatment planned based on the dental needs of the individual patient; not limited to the benefits extended to the patient by their insurance providers.

Credit Card Authorization I authorize Health Plus Dental Centre to keep my signature on file and to charge my Visa / MC / Amex account for:

- Balance of charges not paid by my insurance immediately after receiving payment from insurance company.
- All outstanding balances on my family account if not paid within 45 days by my insurance.
- Charges accrued as a result of broken appointments or short notice cancellations.

The undersigned affirm that the information given in the questionnaire is true and accurate to the best of their knowledge.

Expiry Date:	I	CVV:	
List family member who may use credit card for payment:			
have read the above	condition	ons of financial obligation and agree to their conte	ant
mave read the above	Condition	Date: / /	;

Date: / /
DD MM YYYY

Print name Signature Relationship (Parent)

Name on Card:

Credit Card #: