

RELEASE OF INFORMATION

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- I hereby assign my benefits, payable from insurance claims submitted electronically, to Dental Wellness Centre of St. Albert and authorize payment directly to Dental Wellness Centre of St. Albert and their Dentists
- I understand that my insurance policy is a contract between myself, my employer and the insurance company. Dental Wellness Centre of St. Albert is NOT a party to this contract. The relationship is solely between Dental Wellness Centre of St Albert and myself.
- I am responsible for the fees of Dental Wellness Centre of St. Albert and not what my insurance allows or considers “usual, customary and reasonable” all of which vary from one insurance company to another.
- Although Dental Wellness Centre of St. Albert may estimate my insurance benefits, they are not responsible for their accuracy. Knowledge of benefits and benefit amounts, limitations, exclusions, waiting periods, etc. is entirely MY responsibility.
- All charges not paid by my insurance company are my responsibility regardless of the reason for nonpayment. Not all services provided are covered benefits. Benefits differ from one company to another. Fees for non-covered services, along with deductibles and co-payments are DUE at the time of the treatment.
- I authorize the use of this signature on all Insurance submissions.
- I authorize Dental Wellness Centre of St. Albert to release all information necessary to secure the payment of benefits.
- I give Dental Wellness Centre of St. Albert the right to release any health information and x-rays that are relevant to my treatment to my Insurance carriers, physicians or any dental specialists that I may be referred to.
- I understand that Dental Wellness Centre of St. Albert does have a 24-hour cancellation policy. I receive a Complimentary Appointment Reminder and should I need to change or cancel my appointment I will do so with 24 hours advance notice.
- I understand that should I fail to give 24 hours notice for changing or canceling an appointment Dental Wellness Centre of St. Albert does have the authority to charge me a ‘Failure To Show Fee’ (at their discretion) of \$50.00. This fee is payable prior to booking any additional appointments.

Thank you for choosing Dental Wellness Centre of St. Albert for your dental needs. We look forward to having you as a patient and helping you achieve positive dental health.

I understand and agree to the Financial Policy.

Patient Name

Patient/Parent Signature

(Signature of Parent or Guardian if patient is a minor)

Date