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PAYMENT OPTIONS

Date: _____

Essential Dentistry is pleased to offer you the following options for payment:

OPTION 1: Payment is received from you at the completion of your appointment.

We will submit your dental insurance claims on your behalf and you will receive reimbursement directly from your insurance company. If able to be processed electronically, and depending on your insurance company’s policy, most patients are reimbursed within 2 days (sometimes within a few hours). This enables you to track all of your dental benefits so that you are aware of what your plan pays.

OPTION 2: Assignment of Benefits – Dental insurance pays their portion directly to our office. Your credit card information is securely kept on file in our office.

If the dental insurance company processes the claim immediately, you pay your portion the day of the appointment. If the insurance company does not process the claim immediately, your credit card will be charged the remaining balance after we receive payment. Your receipt will be mailed to you.

I, _____ have chosen Option 2 and hereby agree and authorize any balance not paid for by my dental insurance company to be processed on the credit card below:

Cardholder name (as it appears on the card): _____

Card number: _____ - _____ - _____ - _____

Expiry date: ____/____ CVC# (3 digits on the back of the card): _____

Cardholder signature: _____

Family members this card applies to:

_____	_____
_____	_____
_____	_____