



**ANCHOR**  
DENTAL CENTRE

## Office Policies

At Anchor Dental Centre, it is our goal to provide you and your family with the highest quality of dental care while maintaining a friendly and relaxing environment. We endeavor to protect your rights as individuals and provide you with the most complete diagnosis and treatment to guarantee your dental well-being. Our dental staff determines the condition of your mouth, your dental requirements and concerns, and offers a treatment plan that will best suit your dental health needs. To maintain this standard of care, we ask that you please observe the following guidelines:

### Appointments

We have many different ways that your appointments may be confirmed, including email and text message. If you are not signed up for digital confirmation, our team will contact you to confirm your appointment. We ask that you respond to our contact to ensure we know you will be in attendance.

We understand that sometimes things happen and you may not be able to keep a scheduled appointment. As this time has been reserved for you, we do require **2 business days notice** so that we can offer that timeslot to another patient. Failure to provide at least 24 hours notice will result in a \$50+ fee. Late arrivals 10 minutes past your scheduled time will result in rescheduling and a \$50+ fee. Repeated cancellations/missed appointments result in a higher fee or dismissal from the office.

### Emergencies

We understand that dental emergencies arise, and we will do our absolute best to accommodate you as soon as possible. Any patients with dental emergencies are asked to contact our office as soon as possible.

### Payment

Payment is expected in full on the day your treatment is completed. We accept Cash, Interac, MasterCard or Visa.

### Insurance Coverage

Your dental plan is a contract between you and your insurance carrier and the coverage is determined when your plan is purchased by you, or your employer. There is no negotiation with the dentist and dentists do not have a say in what is covered and what is not.

As a courtesy to you, we will accept payment directly from your insurance company for your dental care when the following conditions are met:

- **All details and information concerning your dental plan is provided by you prior to services being rendered.** It is your responsibility to notify us of any changes in your status regarding your plan immediately (ie. layoff, divorce, etc.) Your insurance provider does not inform us of any changes.
- **Uninsured balances are paid in full on date of service.**
- ***If, after 90 days, your dental insurance provider has not responded with payment, you are personally required to provide full payment of your account.*** Please understand that by this point, we will have reviewed and contacted your insurance company at least three times.

Please note that not all services may be covered by your insurance carrier and every insurance plan has its own unique exceptions. Our office will do our best to assist our patients in understanding the details of their insurance plan; however, we are limited in the information we can access and it is ultimately the patient's responsibility to understand their insurance. Please note Anchor Dental charges 6% above the BC Dental Fee Guide. It is at the discretion of your insurance whether they cover this charge.

### Financial Assistance

Our fees are based on the quality of the materials we use and our experience in performing your needed treatment. We continually strive to provide our clients with the best possible care based on individual need, not on insurance coverage. Our goal is not to let expense prevent you from benefiting from the care you desire and need. To this end, we have partnered with PayBright who arrange and facilitate payment plans.

*If you have any questions regarding our policies or wish to discuss individual arrangements, please do not hesitate to contact us.*

Patients **with** Insurance Coverage: *I have been adequately informed that Anchor Dental Centre is not aware of my exact dental benefit coverage. I am aware that I am solely responsible and knowledgeable that any or all treatment charges not covered by my insurance company are my financial responsibility.*

*I confirm that I have read and understand the office policies at Anchor Dental Centre.*

Patients **without** Insurance Coverage: *I am aware that I am solely responsible and knowledgeable that any or all treatment charges are my financial responsibility.*

*I confirm that I have read and understand the office policies at Anchor Dental Centre.*

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Date

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Patient Name

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Signature of Patient / Guardian