w: drbrentmacdonald.ca
e: info@drbrentmacdonald.ca
p: 403-273-6959

APPOINTMENT POLICIES

- ☐ We are committed to providing you, our patient, with the best service and treatment available. In return, we ask that you make every effort to commit to your reserved appointments. Should you need to reschedule, please call the office during regular business hours. Please note that we require two business days' notice for changes to appointments to avoid a $200 missed appointment fee.
- ☐ I assume responsibility for any and all fees associated with the dental procedures I have consented to. Payment is due when services are rendered and will be accepted in the form of dental insurance benefits (when secured by a credit card), credit card or debit card. Any financial arrangements must be made prior to treatment.
- ☐ I consent to electronic communication (email and/or text messages) with Dr. Brent MacDonald. I understand that I may opt out of such communication at any time.

PAYMENT OPTIONS

Date: ___________________________________

Dr. Brent MacDonald 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, we will collect a 30% portion the day of your appointment and your credit card will be charged the remaining balance after we receive payment. If the amount owing is less than $100 we will apply this to your credit and a receipt will be mailed to you. If the amount owing is greater than $100 we will call you before processing your credit card. If we do not receive payment from your insurance company within 30 days, the full amount owing will be your responsibility.

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:

w: drbrentmacdonald.ca
e: info@drbrentmacdonald.ca
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CREDIT CARD INFORMATION

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:

________________________________ ________________________________

________________________________ ________________________________

________________________________ ________________________________

Dr. Brent MacDonald • #570 433 Marlborough Way NE • Calgary, AB • T2A 5H5