



OFFICE POLICIES

At Erindale Village Dental, we believe that clarity is the key to a healthy relationship. In an effort to ensure your appointments are as pleasant and predictable as possible, we would like to give you an overview of our office policies. Please feel free to call us with any questions you may have!

About Direct Insurance Billing

Due to the *Personal Information Protection and Electronic Documents Act*, we are unable to access sufficient information from your insurance company regarding your dental plan. It is **your responsibility** to know the details involved in your plan, including dental maximums, frequencies, and any other limitations. The total payment of dental services is your responsibility, and not that of the insurance company.

We extend the **courtesy to bill your insurance directly**, however, to avoid any patient portion discrepancies please be fully aware of the particulars of your plan so you can utilize your benefits to the maximum. We ask you to provide your Policy Outline booklet so we can assist you with plan limitations as well.

Your Appointment Reminders

Please understand that it is your responsibility to keep track of your appointments. We will do everything we can to remind you of them in adequate time for you to make arrangements or changes for that appointment. As a courtesy, we call 1 week ahead for hygiene appointment reminders and make confirmation calls 1 day prior to your appointment. Unfortunately, that is all we are able to do in order to remind you of upcoming appointments, after that it is up to you to remember.

Our Cancellation Policy

Due to continuous high demand in prime appointment times, we require a **minimum of 2 working days** notice prior to your appointment should you require a rescheduling of your appointment. This is valuable time that the Dr. Sheela Rupal or the hygienist has reserved for you. In the case that insufficient notice is given a \$50.00 minimum fee may be charged.

Our desire is for you to have a pleasant experience in our office! We strive to serve you to the best of our ability, in helping you attain maximum dental health.

Please remember you are fully responsible for all fees charged by this office regardless of your insurance coverage. Click here to view a [Patient Fact Sheet on Dental Insurance](#)

I have read and understood the above policies.

Patient/ Guardian Signature

Date