

Welcome

We would like to take this opportunity to welcome you to York Lanes Dental and to thank you for choosing us as your oral health care provider. In order to establish a relationship of mutual understanding with you, we have compiled the following information to familiarize you with our office.

Practice Philosophy

Our goal is to help you achieve the highest level of oral health possible. We recognize that each individual is unique and believe in providing you with all the information necessary by reviewing the x-rays and photographs and using new technology to evaluate your specific needs. Sometimes more than one option is possible and in that situation, all options will be presented and discussed with you. We believe that you should be informed of the best that modern dentistry can do for you and your oral health.

Appointments

Appointment times are reserved exclusively for you, our patient. When appointment times are reserved, we do appreciate that you honour your reservation. In the event of any conflicts in your schedule, we do require a minimum of 2 business days notice for any reservation changes. We do understand that extenuating circumstances may arise beyond your control, however, please remember short notice appointment changes affect numerous patients that could have been booked for necessary treatment. In the event of a no-show or short-notice cancellation, an administrative fee may be charged.

Fees and Payment Guidelines

Fees are expected to be paid the day of treatment. When scheduling your first appointment you are expected to pay a deposit to reserve the appointment. Once you have become a patient of record, if you have an insurance plan, we will accept assignment of benefits as long as you pay the portion of the fees that are not covered by your plan. For your convenience, we do accept Visa, Mastercard, Debit and cash. A deposit for reserved appointments that require more than one hour may require a credit card number as security. Lab fees associated with any necessary dental treatment may require payment prior to the commencement of treatment.

Referrals

New patients are always welcome in our practice. We consider referrals the greatest compliment our patients could offer us. We would be delighted to welcome your friends and family.

Dental Insurance

Our commitment to you is to assist you in maximizing your dental coverage. We will happily submit your claims electronically. Due to the changes in government privacy policies, if further information is required, the responsibility lies with you. We will happily provide you with a list of pertinent questions or submit a predetermination on your behalf. We cannot be responsible for tracking your benefits maximum allowance or benefit provisions. Please keep in mind, regardless of your insurance benefits, you will be responsible for the balance of the services rendered.

Hours and Location

Our office is located at **4700 Keele Street** in the **York Lanes Mall**

Our office hours are:

Monday – Friday	8:00am-9:00pm
Saturdays	9:00am-4:00pm

I hereby authorize the York Lanes Dental Office to charge my credit card , held on-file, for payment of fees to my account.

Signature of Patient or Guardian

Date

Electronic / Manual Submission of Claims

I authorize Dr Ramzi Haddad and Associates to interact with my benefit carrier in regards to the following:

- Submit claims electronically
- Exchange information pertaining to my dental treatment
- Discuss coverage details
- Submit a predetermination for treatment electronically or manually

In signing this document, I agree to electronic or manual claims submission. I am satisfied with the information that has been provided to me. I have read and understood the contents of this document. I understand that my name and identity will be protected at all times based on the Privacy Act Legislation.

I, _____ have read the office guidelines outlined above.

I accept full responsibility for all dental charges incurred by me, or my dependents, for services rendered by Dr Ramzi Haddad and Associates.

Signature of Patient or Guardian

Date