

Office Guidelines

We would like to take this opportunity to welcome you to our practice and thank you for choosing us as your dental 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 culture.

Initial _____

Practice Philosophy

Our goal is to help you achieve the highest level of dental health possible. We recognize each individual has unique needs and situations. We will always present the most ideal plan of treatment for your specific situation. However, "ideal" does not mean "the only" and options will be reviewed with you. We believe that you should be informed of the best that modern dentistry can do for you.

Initial _____

Appointments

Appointment times are reserved exclusively for you, our patient. When appointment times are reserved we do ask that you honour your reservation. In order to secure a New Patient Exam or any other appointment that requires a reservation greater than one hour, a credit card number will be required for a deposit. A short notice cancellation fee of \$100.00 per hour of lost time will not be charged to your credit card provided that in the event of scheduling change you do provide us 2 business days notice (with the obvious exception of emergency situations). Please remember short notice appointment changes affect numerous patients, just like yourself, that could have been booked for necessary dental care.

Initial _____

Payment Guidelines

We request that services are paid on the day of treatment. Should this request present a problem, alternative arrangements can be discussed in advance of your scheduled appointment. For your convenience we do accept Visa®, MasterCard®, Interac®, Certified Cheques, Money Orders and Cash.

Initial _____

Our Loyalty Program - Referrals

New patients are always welcome in our dental home. We consider referrals the greatest compliment our patients could offer us. We would be delighted to welcome your friends and family. In fact, if any of your friends or family members ever have a dental EMERGENCY, we will see them the SAME DAY. Please make sure you ask them to mention your name so we can send you a token of our appreciation. We are never too busy for your referrals. To learn more about our Loyalty Program, please ask one of our team members.

Initial _____

Dental Insurance

As many of our patients have some form of dental insurance, our commitment to you is to assist you in maximizing your dental benefits. We will happily submit your claims electronically to expedite your refund. Due to the changes in government privacy policies in the event of the requirement to obtain further information the responsibility lies with you. We will happily provide you with a list of pertinent questions or submit a predetermination on your behalf although we cannot be responsible for tracking your benefits maximum allowance or benefit provisions. Please keep mind, regardless of insurance benefits you will be responsible for the balance of services rendered within our practice. Our ultimate goal is to help you maximize your benefits and minimize your out of pocket expenses.

Initial _____

Hours and Location

Our office is located at 27 Rean Dr, Unit#2, Toronto, ON M2K 0A6

Our office hours are:	Monday	11:00 - 7:00
	Tuesday	8:30 - 4:30
	Wednesday	10:00 - 6:00
	Thursday	8:30 - 4:30
	Friday	by appointment only

At times when our office is not open you may contact the Dental Emergency Clinic at 416-485-7121 or visit your local hospital emergency clinic. Our fax number is 416-226-0200.

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. Botbol and Associates.

Signature of Patient or Guardian

Date