

**Welcome!**

We appreciate the confidence and trust that you have placed in us and look forward to getting to know you!

Dr. Koutsil graduated from the College of Dentistry at the University of Saskatchewan in 2006. He then moved to Alberta with his family, where he began practicing dentistry in High River. In early 2010, he took over the clinic at this location.

Dr. Koutsil and the Shawnessy Smiles team are committed to furthering our education by attending continuing education programs & courses, so we can offer you the latest in dental advancements.

**Privacy Act****Initial** 

Shawnessy Smiles complies with the Alberta Personal Information Act (PIPA) and the Health Professions Act in regards to the management, collection, destruction, use and disclosure of our patient's personal dental/medical history information.

**Appointment Policy****Initial** 

If you are unable to keep your scheduled appointment we will require **2 business days' notice** per appointment to avoid a missed appointment fee of **\$50**. Unfortunately, should any patient be more than **10 minutes late** we will not be able to provide treatment that day. Please ensure you are aware of all the appointments you make with our office, so that you and other patients receive dental care in a timely matter.

**Insurance****Initial** 

Due to the Canadian Personal Privacy Act, we are unable to access any sufficient information from your insurance company regarding your dental plan. It is **your responsibility** to know the details involved in your plan such as annual maximums, frequencies, and any other limitations. 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 their maximum. Shawnessy Smiles can also provide estimates when requested so you may budget your finances accordingly.

We are pleased to offer you the following payment options.

Please **SELECT** which option you would like to participate in.

**Option A:**

Payment is due in full on the day treatment is rendered. We accept Cash, Debit, Visa, MasterCard and American Express. We will process your payment on the day treatment is rendered and assist in the submission of the necessary documents to your insurance carrier. The payment from insurance will be sent directly to you, the patient, by either cheque or direct deposit depending on how your plan was set up by you or your plan administrator.

**Option B:**

We will directly bill your insurance company on your behalf and collect payment from them. If we receive an explanation of covered costs from your insurance at the time of your visit, you will be required to pay the outstanding balance before you leave. In the event an explanation of covered costs is unknown, you may leave a credit card number on file and the payment will be processed when we receive payment provided the amount is less than \$50. For any amounts above \$50 we will call for authorization before processing the payment on your card. In the case of dual insurance, any balance owing by the patient will be collected after both plans have responded.

**For Option B only:**

I, \_\_\_\_\_ have chosen Option B and understand Shawnessy Smiles will inform me of any balances outstanding. Amounts under \$50 will be automatically applied to the credit card I have provided to Shawnessy Smiles. Shawnessy Smiles will notify me of any balances over \$50 before processing the payment.

Please sign below acknowledging that you have read and understand the office policies of Shawnessy Smiles.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_