

DENTISTRY by

Dr. Maureen Fenn BSc, DDS

1411 Danforth Avenue
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416-469-2454

Payment Policy

Our office policy is that services are paid for, as they are performed, at each visit. Our office accepts Visa, Mastercard, debit, cash and cheques.

Payments made by cheque must be supported with VISA or MASTERCARD#. The VISA/MASTERCARD will be billed for any returned cheques or balances outstanding for 90 days.

VISA/MASTERCARD# _____ (only if paying by cheque) Expiry Date (MM/YY) _____

Please indicate if an insurance form is required for reimbursement. **YES** **NO**

In consideration of the services rendered to me by this dental office I am obligated to pay said office in accordance with its credit terms and policy.

Cancellation Policy

Our Practice is dedicated to quality care and exceptional service. We respect the importance of your time and work very hard to schedule appointments that accommodate the busy scheduling needs of all our patients.

Broken and missed appointments create scheduling problems for other patients as well as the practice.

If you find that you must change your appointment, we require a minimum of **48 hours** notice so that we may accommodate another patient.

A standard fee will be applied for broken and missed appointments without 48 hours advanced notification.

Thank you for your cooperation in this matter.

I certify that I have read or had read to me the contents of this form and do realize the risks and limitations involved.

Name: _____

Signature: _____

Date: _____