

Victoria Pediatric Dental Clinic

Dr. Anita Gadzinska-Myers FRCD(C)

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www.victoriapediatricdentalcentre.ca

Financial Arrangements and Cancellation Policies

It is our optimal goal to provide your child with the highest quality of dental care, while maintaining a friendly and relaxing environment. Part of this care includes outlining the following policies of our practice.

Office Hours

Open from Monday through Thursday from 8:30 am to 4:30 pm.

Fridays we work at the hospital in the operating room.

We will do our best to book a time that is convenient for you, however it is not possible for every school aged child to be seen after school. Dental visit is an excused absence and delaying dental treatment is not in the best interest of your child.

Cancellation Policy

All appointments are reserved specially for you! We work hard to ensure the time and commitment to you and your oral health and we extend this to all of our valued patients. We kindly ask that you give us 48hrs (**2 business days**) notice to cancel/change an appointment. This notice allows us to accommodate those waiting for and in need of urgent/emergency care.

Our office policy is to charge a fee for those who do not provide the 48hrs notice. The charge is \$50.00 for a short appointment (30min) and \$100 for appointments 1 hour long. Please be aware that we are sympathetic to unexpected circumstance such as sudden illness, family medical emergencies and personal tragedy. In these infrequent cases, we do make exceptions to this cancellation policy.

Payment Policy

Full payment is due at the time of treatment, including any insurance co-payments.

As a courtesy to our patients we are pleased to submit your dental claim on your behalf, as well as accept direct settlement from your insurance company. Please keep in mind that we provide this service as a courtesy for our patients and we do our best to keep track of your insurance frequencies. Ultimately, it is your responsibility to contact your insurance company if you are concerned about why a service was not covered.

My signature below attests that I have read, understood, and agree to these policies of Dr. Myer's Dental Office.

Parent/Guardian's Name : _____ Signature: _____