

Lakeshore West Dental

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Etobicoke, Ontario, M8W 1M9

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FINANCIAL AGREEMENT

This agreement is to inform you of your financial obligation to our practice. Our goal is to help you establish excellent oral health. We are committed to helping you determine the most appropriate treatment plan for your dental needs and desires. Should you have questions concerning your treatment, treatment sequence, or fees for services, please ask for clarification before treatment begins.

All fees are your responsibility regardless of your insurance coverage.

Our Financial policy is as Follows:

- We accept Cash, MasterCard, Visa or Debit.
- Payment is due prior or at the time of service.
- Payment plans for certain procedures are available through Medicaid Financial.

Please remember that you are responsible for timely payment of your account. Please do not hesitate to ask if you have any questions regarding this financial agreement. We are committed to providing you with the most positive experience in dental care.

I understand the above policy and agree to the term herein.

PATIENT: _____

DOB: _____

Print Name of Patient or Responsible Party

Signature

DATE