



Ti Dental

Dr Michael Trac and Associates
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Options for Payment

Please read through the following and circle the option that best suits you.

Option 1: The total fee for the service is paid by debit, VISA, MasterCard or American Express.

This option is preferred by many of our patients. If you have dental insurance, we will submit the claim on your behalf. Once the claim is processed the insurance company will inform you of the expected reimbursement. In many cases we are able to submit electronically and the insurance payment is received in less than a week. Knowing that insurance benefits rarely cover 100% of dental or medical services, this option allows you to keep track of how close you are to your yearly coverage maximum.

Option 2: The insurance reimbursement is payable to Ti Dental :

This option requires a credit card to be kept on file. We will process the insurance claim at the end of your appointment and will accept the insurance company reimbursement as partial payment for the dental service.

- If the insurance company processes the claim immediately, we will collect a payment from you for your portion.
- If the insurance company does not process the claim immediately, we will process your payment once the insurance cheque is received by Ti Dental.
- If the amount owing is over \$75, we will call to inform you that the charge will be processed on your credit card.
- For amounts under \$75, the charge will be processed automatically and a receipt will be sent to your home address.

**Please note that an insurance company rarely covers 100% of dental services. In the event that the insurance company pays the subscriber only, Option 2 is not available.

I, _____, hereby authorize Ti Dental to process my outstanding account balance to the following credit card. I understand that if for any reason my insurance company does not pay for my dental treatment, I am ultimately responsible for the balance on my account. Any outstanding account balances will be processed on my credit card within 30 days of the appointment date.

Credit Card: VISA MasterCard American Express

Credit Card Number	Name on the Card	Expiry Date
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This authorization also applies to the following patients:

Signature

Date