

## OFFICE POLICIES

Welcome to Belleville Sleep Dentistry. We are dedicated to providing you with the highest quality of dental care in a comfortable and safe environment. Thank you for helping us achieve this goal. **Please take the time to review these policies carefully:**

**Scheduling Appointments:** Our office makes every effort to accommodate patients, including emergency patients; however, our schedule is often booked many weeks in advance it is not always possible to fit specific time requests into our full schedule.

- A deposit of \$100 will be required at the time your sedation appointment is scheduled. *The deposit will be applied towards the total cost of treatment and/or is fully refundable when notice of cancellation is given at least 2 business days prior to your scheduled appointment.*

**Confirming an appointment:** We require a working phone number with voicemail to confirm your appointment. Please contact our office as soon as possible if your contact information changes or if you will not be reachable in the days prior to your / your child's appointment. If we cannot reach you or we don't hear back from you, we reserve the right to cancel your appointment.

**Punctuality:** *At Dr. Chow's discretion, late arrivals may be seen, but your appointment may be cut short and a follow-up visit may be required.* If you are too late to be accommodated, you will be charged a fee consistent with the No Show policy.

- We strive to see all patients on time and understand that your time is important. There are times however when our schedule becomes delayed due to unforeseen issues with other patients. If we have advance notice that we will be running behind, we will do our best to contact you ahead of time. Please accept our apology in advance should this occur during your appointment time.

- After sedation appointments, patients must stay in the clinic until Dr. Chow is satisfied that they are well enough to go home safely.

Recovery time differs for every person; therefore, patients and responsible companions should be prepared to spend up to 6 hours at our office. Please ensure you can make this time available and/or delays will not be an issue when booking your visit.

**Cancellation / No-Show Policy:** We require 2 business days minimum notice to change the dates of existing appointments and/ or cancellations. Patients who fail to give a cancellation notice and do not appear for a scheduled appointment will be charged a \$100 fee.

**There will also be a \$100 charge for appointments cancelled due to failure to follow pre-operative instructions.**

- **A parent or legal guardian must accompany minor patients or dependent adults to sedation appointments.** Other family members, friends or personal care providers cannot authorize treatment. You must inform our office if for any reason a parent/guardian cannot be present. Failure to do so may result in the appointment being cancelled and a fee consistent with our No Show policy being charged.

- In order to avoid a cancellation fee, please inform our office if a patient is found to have head lice or nits *at least 2 business days prior to the scheduled appointment* so that we may postpone his/her visit until after the first treatment with a pediculicide.

- We allow our patients another opportunity to reschedule their appointment upon payment of the cancellation fee. Where a patient continually misses scheduled visits, we reserve the right to refuse the patient further appointments.

**Client Conduct:** Our staff will inform you if / when you are allowed to enter the consultation, treatment and recovery areas. These are protected personal areas and the privacy of other clients must be respected.

- **We ask all clients to refrain from discussing past treatment experiences and expectations with / in the presence of other clients in order to avoid creating unnecessary dental anxiety.**

- Photography, video or audio recording of any kind is not permitted within our clinic premises in accordance with RCDSO rules. This policy is in place to protect client/ staff privacy, enhance confidentiality, and maintain safety. Our staff is authorized to enforce this policy.

- We believe that our clients have a right to be heard, understood and respected. However, aggressive, inappropriate or disruptive behaviour towards staff and other clients will not be tolerated. Our staff have the right to end telephone calls if they consider the caller's behaviour is unacceptable and impacts on their ability to deal with the matter.

**Fees and Payments:** **Payment in full is required at the time of service and all fees are your responsibility. Payments can be made with Cash, Debit, Visa or MasterCard.**

- Belleville Sleep Dentistry operates in a non-assignment basis, which means that **if you have insurance coverage, we still require full payment from you at the time of the appointment** and you will be directly reimbursed by your insurance company. You remain responsible for any fees not covered by your insurance.

- Our staff is glad to assist you with your insurance claims and will, whenever possible, submit claims electronically.

If you are unsure about the extent of your dental coverage, we can request an estimate from your insurance company. This way you can have a better understanding of your insurance policy and be well-prepared at the time of your dental appointment.

**NIHB/ Healthy Smiles:** *You must disclose all dental insurance coverage available to you and/or your dependants and /or notify our office immediately of any changes during the course of treatment. Dental claims will be submitted to private insurance plans prior to claiming any amounts through government dental programs, as guided by the Canada Health Act.*

**Candidacy Policy:** Prior to the administration of any form of sedation, Dr. Chow must carefully screen all clients for certain risk factors that prevent the safe administration of general anesthesia. In order to do so, each client must attend a consultation and provide us with a comprehensive past and current medical history (updated at each appointment), including present and past illnesses, hospital admissions, medications and allergies. During the consultation our Registered Nurse will review your medical history and provide you with pre-and post-operative instructions as well as answer any questions you may have.

- In addition to the consultation, an in-depth physical examination must be carried out by a physician, and the results forwarded to our office for evaluation. Additional medical and/or laboratory testing relevant to the use of sedation may be required.

- Once Dr. Chow has carefully reviewed the necessary medical documentation; he can then make an informed decision regarding suitability for sedation, and you will be contacted with the results of his evaluation.

*I understand that, for my own/my child's safety, general health and history will be evaluated to determine suitability for in-office Sleep Dentistry. I am aware that I/my child must meet certain criteria in order to be accepted as a patient and undergo dental treatment under sedation. I have read and understood the above policies in their entirety and agree to abide by them.*

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