DR. LILY LO
& ASSOCIATES

Family & Cosmetic
DENTISTRY

Welcome to our clinic!

Please take a few minutes to read our OFFICE POLICY : Our office believes that the patient's comfort during any dental treatment is of the utmost importance. Please let us know if you have any special concerns or needs so that we can make your visit as stress-free as possible.

- Our fees are based on the **CURRENT YEAR FEE SCHEDULE** of the **ONTARIO DENTAL ASSOCIATION.**
- As the appointment are reserved exclusively for you alone(we do not double book), we require 48 hrs (2 full business days) to cancel/reschedule or there may be a "cancellation fee."
- To remind you of your upcoming booked appointment, we offer a courtesy phone call or email reminder service. However, your appointment is your responsibility.

- **PAYMENTS**:

  - **All major credit cards are accepted including Debit Card**
  - **We do not accept PERSONAL CHEQUES.**
  - **All overdue accounts (30 days and over) are subject to 5% interest charge.**

- Unfortunately, dental offices can no longer contact insurance companies on your behalf for insurance issue due to the **PRIVACY ACT**. We will be happy to submit predeterminations on your behalf.
- Patients are required to sign the claim form to confirm that the charges are accurate. This signature also affirms that he patient's responsibility for the entire treatment fee.
- It is the patient's responsibility to understand about their dental plans. If there are any restrictions under the plan, please notify the office before any work is done.

Signature of Patient	**Name of Patient**
Date	**Signature of Witness**

Dr. Lily Lo, DDS

Dr. Lily Lo & Associates

1200 Lawrence Ave E., Suite 101, Don Mills, ON M3A 1C1 T 416.444.9045 F 416.444.1526 smilestoronto.com

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Patient Consent

I understand the PRIVACY ACT (as given to me in the booklet) that explains how your office will use my personal information and the steps your office is taking to protect my information.

I know that your office has a Privacy Code, and I can ask to see the Code at any time.

I agree that Dr. Lily Lo and Associates can collect, use and disclose personal information about

_____as set out above in the information about the office's privacy policies.

_____ _____

Signature of Patient Name of Patient

_____ _____

Date Signature of Witness

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