

Panorama ORAL SURGERY

DENTAL IMPLANT AND ORAL SURGERY CENTRE

Dr. Blair Dalglish

Dr. Catherine Dale

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Patient's Name _____ Date of Birth _____

Address _____

Telephone No. Home _____ Email _____

Cell _____ Work _____

Name of Insurance Co. _____

Name of Policy Holder _____

Group / Policy No. _____

Contract / ID No. _____

Consultation regarding _____

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

_____ Please call the Patient

_____ Patient will call for an Appointment

_____ An Appointment has been made on

_____ Radiographs enclosed

Date _____

DR _____

TO ALL NEW PATIENTS:

WELCOME TO OUR OFFICE

At your consultation appointment today, your doctor will review your problem with you, and plan your surgical treatment.

OUR STAFF

Our receptionist, administrative staff, and registered nurses all contribute to your complete care with their own special duties.

We would like every patient who enters this office to know that the entire staff practices the highest standards of infection control possible, including heat sterilization. Your safety and peace of mind are of utmost importance.

YOUR FINANCIAL RESPONSIBILITY

Although you may have dental insurance, you are still responsible for payment of your account. All charges are to be paid in full at the time of treatment by either certified cheque, Visa, MasterCard, or Bank Debit card. We DO NOT accept personal cheques as payment of your account. We have eliminated billing as a means of reducing our cost for you.

FILING CLAIMS

All patients will receive a "pretreatment estimate" for their dental insurance plan. This pretreatment estimate MUST be processed by your insurance company before treatment. This gives you the knowledge of your coverage, and the amount that your insurance will pay you for your professional treatment fees.

Upon payment at each visit, we will provide you with all the treatment information needed to file your claim for reimbursement.

