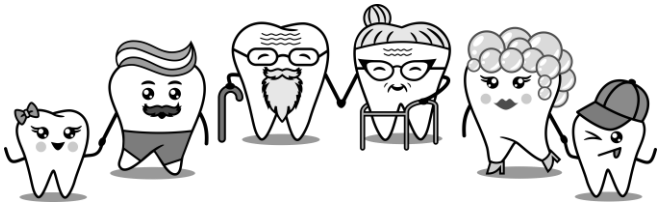
Dr Ivana Bugwandeen Inc



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Financial Policy Consent Form

We welcome you and your family to Dr Ivana Bugwandeen's rooms. We look forward to providing you with quality dental care at affordable prices. To provide you with the most beneficial and comprehensive service and care, we request you to review and complete our office and financial policy consent form. We will be happy to answer any questions you may have regarding the proposed treatment and available financial options. We strive to keep you informed and involved with your treatment as much as possible.

For your convenience we accept cash, credit and debit cards (Visa, Master Card) and cheque. Electronic payments can be made on the premises on the day of treatment.

All treatment cost are payable by the patient directly after completion of every procedure. This will remain the responsibility of the patient. Our treatment is based on your dental health needs.

It is important that you understand and consent to both the treatment plan and the estimated cost of treatment. It is your right to accept or decline our recommended treatment plan. If you reject or delay recommended treatment, you do so at your own risk.

The final treatment plan and costs may differ from the proposed treatment plan, as every treatment is determined by the clinical circumstance. This will however be discussed with the patient.

Certain procedures require lab work. Dental technicians costs shall be paid in advance on presentation of a quotation. Any costs of the lab component shall be paid at least 7 days prior to your appointment. Failure to do so may result in cancellation of your appointment.

Fees charged by this practice are determined by the dentist in terms of appropriateness of the quality of and standard of services rendered and NOT based on your medical aid plan or any price lists. Any cost estimates supplied shall remain valid for 30 days or otherwise stated.

We welcome you to our office and want to provide you with the best care possible. If you have any questions regarding our financial policies and your treatment, please do not hesitate to ask.

I hereby acknowledge that I have read the conditions of treatment and payment and agree with its contents.

Signed: _____ Date: _____
Patient or Guardian

Signed: _____ Date: _____
Treating Dentist

Signed: _____ Date: _____
Witness