



Welcome to WestcoastSmile Dental Studio and Whitening Spa, Dentistry for your Life Style and Life Smile.

Our philosophy is to present the highest quality of oral wellness, superior work ethics and excellence in client relations in a serene Zen like environment.

To ensure the continued partnership between WestcoastSmile and our clients we ask that you take a moment to review our business guidelines.

Hygiene and Dental Appointment Scheduling Policy:

As a courtesy to our clients we have implemented a 2 business day rescheduling policy. At WestcoastSmile we understand time restraints and time management and have compassion when a prescheduled hygiene appointment or dental appointment must be changed. Our dental concierge is more than happy to offer a 2 business day confirmation call to remind of an appointment when requested. Ultimately it is the responsibility of our clients to attend their appointments and inform us with a need to reschedule, therefore a \$75.00 fee will be assessed to all clients whom either do not show or break their hygiene appointment without the appropriate notice.

Financial Options and Payment Policy.

Our objective is to continue providing the utmost in dental awareness and ensure clients concerns and needs are met.

Due to the recent implementation of the Privacy Act, we rely solely on our clients to maintain a relationship with his/her dental insurance company and to provide our office with the most accurate information.

Given these restrictions we ask that all treatment be paid for at the time of service. We work with all insurance companies and as a courtesy to our clients our office will be happy to provide and submit all paperwork to expedite reimbursement in a timely manner.

For your convenience we offer many payment options, we accept cash, debit card, MasterCard, Visa, American Express and Care Credit a unique and innovative way to access credit for restorative dental treatment.

At WestcoastSmile a deposit of 50% for all lab processed and special order restorative dental services is to be paid at time of booking an appointment.

Date_____

Patients Signature_____

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