“Welcome to our office!”



***Thank you for choosing Smiles Inc. Our team is committed to providing you with the best possible care in a comfortable and professional manner. It is important that you are aware of a few office policies so that our relationship remains a positive one. Please read the following information carefully, and ask any questions that you may have.***

1. REGISTRATION: You will be asked to complete a Medical History form at your initial visit. Please inform the staff of any changes in your medical history, and any additional medications you may take, or changes in personal information.
2. DIRECTIONS: We are located at 14, Dundonald Street in Hamilton, next to the Olympic Club gym. Dundonald Street runs in front of Masters Ltd. Our website has a google map.
3. PARKING: There are a few parking spaces available on Dundonald Street for one hour, (there is always bike parking available). However, we do not gaurentee they will be available so please give yourself enough time to get here and park. Bullshead carpark always has spaces.
4. E-MAIL REMINDERS: We use Smile Reminder System as a way of confirming appointments, please press the ***Green*** button on this email to confirm. A call will be made if no email is available. We do ask that appointments are confirmed 24 hours in advance. Late cancellations (less than 24 hours) or a missed appointment will be charged.
5. APPOINTMENTS: We schedule our appointments to be as efficient as possible. Please try to be on time for your scheduled appointment. If you are late, it may be necessary to reschedule that appointment to another time and you will be charged the late cancellation fee.
6. TO CHANGE AN APPOINTMENT: If you need to change an appointment, please do so with as much notice as possible, ideally at least 48 hours in advance.
7. K.E.M.H. APPOINTMENTS: Where possible, these appointments require *one week* cancellation notice. There is a missed appointment fee for these appointment cancellations without proper notice.
8. PAYMENTS: The patient portion is collected at the time of service, and the amount due depends on your Insurance benefits. We accept cash, cheques, debit and credit cards. Payment can also be made online to BNTB 20 006 060 266298100 (please note the first and last name of the patient in the beneficiary note section).
9. INSURANCE : We will assign payment to your insurance company, but any unpaid balance is your responsibility. All unpaid accounts are sent to Bermuda Credit Association.

***I have read and understand the above office policies, and agree to abide by them.***

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_