



Shop 6D, FinForum center
 cnr Dr vd Merwe & Sefako Makgatho (Zambezi) dr
 Montana, Pretoria
 (012) 492 7094 / 060 904 5531
 admin@montanadental.co.za

PAYMENT POLICY AND PRACTICE TERMS AND CONDITIONS

Patient / Parent or Guardian Name and Surname

Patient Name

I Hereby give consent for dental treatment by Dr. C.R. Victor. Also in the case of a minor, I consent as guardian / parent.

Tick to consent

This is a medical aid friendly practice. We strive to keep our rates as low as possible, BUT some treatment codes are charged above medical aid rates and will incur co-payments.

Outstanding amounts must be settled immediately after each appointment. A statement will be issued after each visit.

PLEASE NOTE: Obtaining authorization for your treatment remains your sole responsibility. As a favor the practice will submit all necessary documents to your medical aid and try to confirm funds and obtain authorization. BUT: Please ensure that you are informed at all times regarding cost of your dental treatment as well as the funds available at your medical aid, and ensuring that authorization is in place for treatment. As this remains your responsibility.

You will be held liable for all outstanding amounts not covered by your medical aid, regardless of any feedback given by the practice staff or medical aid.

Any accounts not settled will be handed over for debt collecting and blacklisting. In this event I will be responsible for all legal fees and costs of collection (including collection commission/party and party costs, attorney and clients costs).

I acknowledge that Dr C Victor has the right to charge interest at the rate of 20% per annum on all accounts older than 30 days

In the event of an account not reaching my postal address as set out above it is still my responsibility to make payment of the account.

It is my obligation to inform the practice of any change of address, email or other contact details.

Cancellation policy: Twenty-four hours notice is required for cancellations or rescheduling of appointments. A charge of 750-00/ 30 minutes is levied for cancelled or missed appointments. Monday appointments will be charged for if cancelled after 12pm Friday.

Please note it is your responsibility to remember the date and time of your appointment. The SMS or WhatsApp reminder is a courtesy service reminder only.

Private patients: All accounts must be settled in full after appointments and if component or lab costs are invoiced, a deposit will be payable before commencement of treatment

I take responsibility to schedule follow up visits, for my work done at the practice every 6 months, along with oral-hygiene evaluation.

Please feel free to ask your dentist / assistant or receptionist if you have any concerns regarding treatment or cost.

Your oral health is our greatest concern.

I hereby confirm that i understand all the above.

Tick here to confirm.

This serves as my electronic signature, by submitting this form I confirm that all information given by me is true and correct to the best of my knowledge.