

CHINOOK FAMILY DENTAL CARE

Personal Information Privacy Act

We are committed to protecting the privacy of our patients' personal information and to use all personal information in a responsible and professional manner and disclose personal information only when permitted or required by law.

Personal Information Procedures

We receive contact, medical and financial information about our patients such as names, home/work addresses, home/work phone numbers, e-mail addresses, date of birth, insurance plan details, health/dental histories, emergency contact information.

Contact information is disclosed to third party health benefit providers and insurance companies, with the CONSENT OF THE PATIENT for purposes of submission of claims, reimbursement or payment of dental care, predetermination of dental treatment, open and update patient files, invoice patients for dental services, process dental claims, and to send reminders to patients concerning the need for further dental treatment.

Medical information is disclosed, with consent of the patient, to other dentists, dental specialists, or health care professionals such as physicians. It is collected and used for the purpose of diagnosing dental conditions and providing dental treatment.

Financial information is collected for payment processing purposes. It is not shared with third parties unless permitted by law for outstanding bill collection purposes.

Insurance Policy Matters

I am aware that Chinook Family Dental Care direct bills to my insurance company as a courtesy to me and the dental office accepts no responsibility for any uncovered amounts, amounts over allowed benefit maximums, plan limitations or restrictions, etc. Chinook Family Dental Care has advised me that I make myself aware of my dental plan and know my coverage. My dental insurance policy is an agreement between me and my insurance company. The insurance company does not permit releasing any information to the clinic due to the Health Privacy Act. We want to make you aware of this fact. Dental providers usually receive payments four weeks after treatment and sometimes longer if you have more than one insurance plan. Please note that every insurance policy is different. It is the responsibility of the policy holder and the patient to know your policy coverage. It is NOT the responsibility of the dental office.

Please remember that under no circumstance is it customary for an insurance company to cover a dentist's fee in full. Our fees are reasonable and competitive according to Alberta Dentists Association Standards. You are responsible for payment regardless of your insurance company's determination of the amount.

Please keep track of you yearly maximums, limitations, appointment dates and accumulated amounts used on your dental plan. Chinook Family Dental Care has advised me to contact my plan provider should I have any questions.

All accounts must balance zero within 30 days after insurance claim is paid to our office. Therefore we require a credit card to be put on file in order to set your account balance to zero. A 2% monthly interest charge will be applied to unpaid balances over 30 days.

Thank you for understanding our Policy and your cooperation. Please let us know if you have any questions.

I consent to the collection, use and disclosure of my personal information as set out above and that of my dependents. I authorize Chinook Family Dental Care to keep my signature on file to charge any credit/debit memos, as well as outstanding payments in the event of short-notice cancellation/missed appointment and remaining balances after my insurance claims have been paid, to my credit card. I agree to keep Chinook Family Dental Care updated with a current credit card and inform of any changes in my insurance following treatment. This credit card information will be kept on a separate confidential file that is secure. A receipt will be emailed to you if provided.

Signature of Patient: _____ Date: _____