

# PATIENT INFORMATION, HEALTH AND DENTAL HISTORY

*Welcome, in an effort to provide you with optimum dental care, we require a thorough medical and dental history which is unique to you. We have also designed some simple office guidelines to promote effective communication and understanding. Be assured that all information is kept strictly confidential. Thank you.*

## PERSONAL INFORMATION:

FULL NAME:	BIRTHDATE:	S.I.N		
<i>DD / MM / YR</i>				
ADDRESS:				
STREET	CITY	POSTAL CODE		
TEL: HOME	WORK:	MOBILE:		
EMERGENCY CONTACT TEL:		RELATIONSHIP( <i>spouse, parent, friend... </i> ):		
INS. CARRIER:	GROUP#	ID#	EMPLOYER:	
COVERAGE %	A:	B:	C:	ANNUAL MAX:
NAME OF SPOUSE:	BIRTHDATE:			
2 <sup>nd</sup> CARRIER:	GROUP#	ID#	EMPLOYER:	
COVERAGE %:	A:	B:	C:	ANNUAL MAX:

### **Financial Matters**

In fairness to all patients, payment is due at the time of treatment. If you have dental insurance, you are responsible for any patient portion or outstanding balance not covered by insurance. We allow 30 days for your insurance company to make payment. After this time, all inquiries and insurance payments due become your responsibility. Our fees are based on clinical expertise, quality of care and materials.

### **Appointments**

Failure to honour appointments or provide adequate notice deprives other patients of access to treatment (some of which may be urgent in nature). There will be absolutely no charge for your need to change an appointment as long as you provide us with at least two working days notice. Should something happen to prevent you from contacting us there will be a charge according to the amount of time that was reserved for you.

### **Dental Insurance**

Your dental insurance is *your responsibility*. . . but we can help. Dental plans vary greatly. We do not follow any standard insurance fee guide. The estimate for insurance coverage is based on the insurance plan details you have given the office. It is most important to understand that this is only an estimate. The amount paid by the insurance company may be affected by such factors as annual limits, percentages, non-coverage of certain procedures, etc. We must stress that you are ultimately responsible for the total treatment fee. Insurance companies do not inform dental offices of changes to your policy. We encourage you to be completely familiar with the terms of your plan and its limitations in order to eliminate any disappointments.

What does all this mean? It means we need to be realistic about the limits of insurance, rarely will it cover 100% of your treatment. It is best to view insurance as an aid to you in your dental care and remember *your dental plan is not a treatment plan*. You should not allow your insurance to dictate your care as there is no correlation between the treatment you require and what insurance will pay for. Only you and your dentist can decide the treatment that best meets your specific needs. As a courtesy to you, we will do our best to try and help you understand dental insurance, accept assignment of benefits from most insurance companies and if your policy allows, submit your claim electronically. This will reduce your immediate out of pocket expenses and facilitate payment from your insurance company. Thank you for your consideration and understanding.

I have read and understand the office policies.

\_\_\_\_\_  
Patient Signature (legal guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
NOTES (office use):



