# **New Patient Intake**

changes to my medical or dental history.

Signature

231 – 2 Avenue Strathmore, AB T1P 1L4 Ph: 403-934-2882

Email: valleydentalstrathmore@hotmail.com

Home Address	:		City:		Postal Code:
Home Phone: _		Cell Phone: _		Email:	
Emergency Co	ntact Name:			Cell phone:	
If Patient is a m	ninor, name of parent / guardia	n:		Phone (if differer	nt from above):
	· · ·				
	ear about us:  Word of mouth			Website 🗏 Family	// Friend Other
-	ian:			-	
Are you taking	any medications now?		If yes, please list:		
Do you have ar	ny allergies (medications/drugs	s/food): Y / N	If yes, please list:		
		, 			
	HAVE OR HAVE YOU EVER	HAD ANY O	E THE FOLLOWING		
DO TOO NOW	Anemia		eart Ailments	r ☐ Osted	onorosis
	☐ Arthritis	=	eart Murmur	_	ation Treatment
	☐ Asthma or Hay Fever	⊟н	epatitis A, B, or C	 ☐ Resp	iratory Disease
	☐ Blood Disease	□н	igh Blood Pressure	Rheu	matic Fever or
	☐ Bone Disease	□н	IV/AIDS	Rheu	matic Heart Disease
	Cancer - Type:		nmune Disorder	☐ Seizu	ıres
	Diabetes		oint Replacement		Trouble
	Epilepsy	_	acemaker	☐ Strok	
	☐ Excessive Bleeding		idney Disease	= •	ery - When:
	☐ Fainting Spells	=	iver Disease		ors or Growths
	☐ Glaucoma ☐ Tuberculosis	□N	ervous Disorders	☐ Other	TI
Women: Are yo	ou pregnant? Y / N / Possibly	Please inform	n our office if you beco	me pregnant prior	to or during the course of treati
	ADTOMO.		•		-
PRESENT SY	None ∏ None		Acute		
	☐ Heat	=	Acute Moderate		
	☐ Cold	_	Mild		
	☐ Sweet	=	onstant		
	☐ Relieved by Cold	i	ntermittent		
	☐ Apical Palpation		nterferes with Sleep		
	☐ Pressure		nterferes with Eating		
	Unstimulated/Spontaneous		Needs Pain Medication		
	Swelling	[:	s there any relief and wh	at helps?	
Are you taking	any pain medication?		If yes, please list:		

Date

Printed Name

#### OUR APPOINTMENT POLICY

Thank you for allowing us the privilege of being your Dental Health provider. Our practice is dedicated to quality care and is pleased to reserve time exclusively for each patient.

We respect our patients' time and make every effort to remain on schedule. Despite careful scheduling, dental emergencies can cause delays. If your appointment time is affected due to an unforeseen emergency, we will try our best to notify you in advance. We know that your time, like our Doctor's, is valuable and we will make every effort to see you on time and will ensure you are given the same time and attention for your dental health.

Because we reserve time exclusively for you, we ask that you make every effort to keep your reserved appointment time. If you find that you cannot keep your scheduled visit, we require a minimum of 24 hours notification. Advance notice allows our office to see other patients who may have been waiting to see us for needed treatment. We thank you in advance for your consideration. A charge of \$75.00 may apply to your account if sufficient notice is not provided; this charge is at the discretion of your Doctor.

initial

## FINANCIAL POLICIES FOR PATIENTS WITH DENTAL INSURANCE

(IMPORTANT: Please read and initial if you request direct billing to your Insurance, if you wish to pay in full for your dental treatment and be reimbursed by your dental plan, please disregard this section.)

Many patients have dental insurance, and we are happy to assist them prepare and submit the necessary insurance forms. Please note that no dental insurance plan covers all dental costs. We cannot render dental treatment on the assumption that our charges will be paid in full by an insurance company. Accordingly, full payment for dental services remains your responsibility regardless of the charges your insurance covers. Please review and acknowledge the following paragraphs as they apply to you as a patient or parent of a minor patient, and see the following information on dental insurance for more information regarding coverage.

I am aware that Valley Dental direct-bills my Insurance Company as a courtesy to me, and that in doing so, Valley Dental accepts no responsibility for any uncovered charges, including, but not limited to costs and fees over and above benefit maximums, coverage limitations or plan restrictions. I understand that Valley Dental collects my dental coverage information as a guideline only to assist me in maximizing my benefits. I acknowledge that by doing so, Valley Dental is not responsible for my dental insurance account. Valley Dental has advised me to make myself aware of my dental plan coverages and to ask my dental team about any and all procedures I am authorizing.

Valley Dental advises me to contact my plan administrator or Insurance Company for questions regarding eligible procedures and authorization of treatment. And to make myself aware of all costs involved with my dental care. Valley Dental advises me to keep track of my yearly maximums, limitations, appointment dates, and accumulated amounts used on my dental benefit plan.

initial

Payment is due at the time of service. I am aware that if the dental office does not receive confirmation from my Insurance for their exact payment—Valley Dental will estimate my portion only at the time of visit. Any unforeseen balances will then be informed to me by statement. I agree to pay all of these uncovered portions within 10 days from the date of statement or interest charges of 5% per month may be applied to my account. I agree to pay these interest charges if applied to my overdue account.

I also understand that any uncovered procedures that may have been done at another Dental office are my responsibility. IMPORTANT: Please be advised that complete oral examinations (new patient exams) & x-rays will be denied by your insurance if you have had this procedure at another dental office within the time limitations on your specific plan. You are responsible for this procedure in our office should this not be an eligible benefit with your coverage.

initial

I am aware that NSF fees (returned cheques) are \$50 for every returned personal cheque.

initial

## ACCOUNTABILITY CONFIRMATION

I, the undersigned, clearly understand all policies of Valley Dental. I understand and agree to pay all fees а n

essociated with my dental treatment myself aware of those fees prior to a		verage, I agree it is my responsibility to make	<b>)</b>
Signature	Date	Printed Name	

### **DENTAL OFFICE PERSONAL INFORMATION CONSENT**

## **Privacy Act Information**

We are committed to protecting the privacy of our patients' personal information and to utilizing all personal information in a responsible and professional manner. This document summarizes some of the personal information that we collect, use and disclose. In addition to the circumstances in this form, we also collect, use and disclose personal information when permitted or required by law.

We collect information from our patients such as names, home addresses, work addresses, home telephone numbers, work telephone numbers and e-mail addresses. (Collectively referred to as "Contact Information".) Contact information is collected and used for the following purposes:

- · To open and update patient files
- To invoice patients for dental services, to process credit card payments, or to collect unpaid accounts
- To process claims for payment or reimbursement from third party health benefit providers and insurance companies
- · To send reminders to patients concerning the need for further dental examination or treatment
- · To send patients informational material about our dental materials
- To follow up with treatment and/or customer services

Contact information is disclosed to third party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement or payment of all or part of the cost of dental treatment or has asked us to submit a claim on the patient's behalf.

Financial information may be collected in order to make arrangements for the payment of dental services. We collect information from our patients about their health history, their family health history, physical condition, and dental treatments. (Collectively referred to as "Medical Information".) Patients' Medical Information is collected and used for the purpose of diagnosing dental conditions and providing dental treatment.

Patients' Medical Information is disclosed for the following purposes:

- To third party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement or payment of all or part of the cost of dental treatment or has asked us to submit a claim on the patient's behalf
- To other dentists and dental specialists where we are seeking a second opinion and the patient has consented to us obtaining the second opinion
- To other dentists and dental specialists if the patient, with their consent, has been referred by us to the other dentist or dental specialist for treatment
- To other dentists and dental specialists where those dentists have asked us, with the consent of the patient, to provide a second opinion
- To other health care professionals, such as physicians, if the patient, with their consent, has been referred by us to the other health care professional for either a second opinion or treatment

If we are ever considering selling all or part of our dental practice, qualified, potential purchasers may be granted access, as part of the due diligence process, to patient information in order to verify information important to the potential sale. If this occurs, we will take steps to ensure that the prospective purchaser safeguards all personal information.

Dentists are regulated by the Alberta Dental Association and College, which may inspect our records and interview our staff as part of its regulatory activities in the public interest.

Signature Date

### **INSURANCE INFORMATION**

**Insurance Information** (or you may provide your insurance card for us to copy and keep on file)

If your plan does not allow direct payment to the Dentist, you are responsible to pay for your treatment in full on the date of service.

Primary Plan - For children, the parent whose birth month comes first in the year is Primary plan

Insurance Company:	Group #:		
ID or Certificate #:	Employer/Company Name:		
Subscriber/Policy Holder's name:	Subscriber Date of Birth:		
Secondary Plan			
Insurance Company:	Group #:		
ID or Certificate #:	Employer/Company Name:		
Subscriber/Policy Holder's name:	Subscriber Date of Birth:		

#### YOUR DENTAL INSURANCE



Many of us have dental plans available to us through our employers. These dental prepayment plans are referred to as "dental insurance" but they are not really insurance. They are a prepayment of benefits for a portion of the fees for dental services. More often than not, we do not know the specifics of these plans and we assume that the details are cut and dry.

One very important thing to note is that not all dental plans are the same. You should be aware that dental plans are actually a way whereby your employer prepays all or a portion of the costs of your dental care in advance, as

part of your compensation package. It is also important to remember that dental plan coverage is not a form of insurance.

Alberta dentists have always been able to set their own fees, for the services they provide, based on their individual practice situation. The Alberta Dental Association and College has also provided practice management information and courses to dentists, to help them in determining costs and how to set fees. These fees are to be based on an individual dentists review of cost factors, such as the time needed to provide a service, the value of that service to the patient and the overhead costs of staff, materials, rent, loans, bank financing, insurance, and utilities among others. The fee should not be based on whether or not the patient has a dental plan, insurance or what fee the carrier of the dental plan will pay. Decisions on dental plans are usually made during meetings with employers or plan sponsors and employees. Dental plan carriers use different means, such as the ADA&C's Annual Survey of Dental Fees in Alberta, in setting the level of payment of covered services. Some plan carriers are still not paying their clients the updated level of fees based on the current "Survey of dental Fees in Alberta".

Try to get as much data as you can from your company or organization's plan administrator or carrier before visiting the dentist. As there are dozens of companies selling dental plans, you cannot expect dentists and dental office staff to know about your plan and the coverage that you carry. Dental offices are not agents or brokers for any dental plan carrier.

If you have concerns with the level of payment or coverage your dental plan carrier is giving you for services you should inform your human resource officer, union leader or employer. These are the people who work out the dental contract with your carrier and they may not be fully aware of your concerns.

It is unlikely that any dental plan would cover every service that you may need. But to leave the choice of your dental treatment to only what is covered in your dental plan, rather than what you and your dentist feel is appropriate, leaves your dental health and general well-being in the hands of your plan carrier instead of you and your dentist.