

Financial Arrangement Options

No Insurance OR Health Spending Plan/Private Health Plan (Direct Billing is not Available):

You are required to pay the full amount of the dental treatment provided at the time of the visit. Innisfail Family Dental adheres to legislation in the Alberta Health Information Act to keep your personal information private.

Date Print Name Signature

Non-Assignment Option:

You are required to pay the full amount of the dental treatment provided at the time of the visit. We will complete and submit all the necessary claim forms and your dental insurance will reimburse you directly within their usual adjudication timeline. Please inquire with your dental insurance carrier to sign up for EFT to your bank account. Innisfail Family Dental adheres to legislation in the Alberta Health Information Act to keep your personal information private.

Date Print Name Signature

Direct Billing/Assignment of Dental Benefits Option:

As a courtesy, we will accept direct payment from your dental insurance. To select this option you must provide a Credit Card Authorization (below) and sign the Insurance Authorization (below).

Because dental plans are numerous and varied we cannot know if your insurance will cover the full extent of the costs incurred for your dental treatment. Outstanding balances will be charged to you as follows:

- When the insurance company notifies us of the benefit payable at the time of service the balance must be paid by you at the time of service; the Credit Card on File will be retained for any future balances.
- When the insurance company does not notify the benefit payable you must pay a 20% portion; any balance owing after the insurance payment will be applied to your Credit Card on File.
- If you have dual insurance any balance not covered by your insurance will be charged to your Credit Card on File.

Assignment of Dental Benefits Authorization and Credit Card Authorization

Innisfail Family Dental
4935 50th Street, PO Box 6166 Stn Main
Innisfail, AB T4G 1S8

Innisfail Family Dental adheres to legislation in the Alberta Health Information Act to keep your personal information private, including your Credit Card Authorization.

I hereby assign my benefits, payable from claims submitted electronically to the Dentist(s) of Innisfail Family Dental and authorize payment directly to them. This authorization shall continue in effect until the undersigned revokes the same. I authorize Innisfail Family Dental to keep this Credit Card and Signature on file for any estimated patient portion due from the time of service, and for any remaining balance after dental insurance payments are processed. (A staff member will notify you of the remaining balance before applying the payment to your authorized card).

Date Print Name Signature

Credit Card (circle one): **Visa** **Visa DEBIT** **Mastercard** **Mastercard DEBIT**

Card#: _____ - _____ - _____ - _____ **Staff Verified Initials:** _____

Expiration Date: ____/____/____ 3-digit Verification Number on the Back of the Card: _____

Address: _____ City/Province: _____

Card Holder Name: _____ Cardholder Signature: _____

Family Members Included: _____ Exclusions: _____