

Confidential Financial Arrangement Options

*****Please choose and fill out only 1 of the 3 options below**

*****We take Privacy seriously—all information is kept secure and confidential**

Option 1: No Benefits / Health Spending Plan / Private Health Plan / Accidental Dental Insurance / Auto Insurance:

You are required to pay the full amount of the dental treatment provided at the time of the visit. Direct Billing is NOT available for Health Spending Plans, Private Health Plans, Accidental Dental Insurance, and Auto Insurance. *Innisfail Family Dental adheres to legislation in the Alberta Health Information Act to keep your personal and financial information private.*

Date

Print Name

Signature

Option 2: 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 Benefit Carrier will reimburse you directly within their usual adjudication timeline. Please inquire with your Dental Benefit 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 and financial information private.*

Date

Print Name

Signature

Option 3: Direct Billing & Assignment of Dental Benefits Option (Requires a Charge Card Authorization):

As a courtesy, we will accept direct payment from your Dental Benefit Carrier. To select this option you must provide a Charge Card Authorization (below) and sign the Dental Benefit Authorization (below).

Dental Benefit Disclaimer

Please remember that the contract itemizing your dental benefits is an agreement between you, your employer, and your dental benefit carrier. This contractual information in almost all cases is not available for us to lookup or shared with us by the benefit carriers. Additionally, please note that many dental benefit plans are not designed to cover 100% of your treatment needs, and that some benefit plans have complete exclusions on certain treatment procedures. It could be said that dental benefits is more like a coupon than insurance.

One of our clinic goals is to assist you in achieving your desired level of dental and oral health. In some cases, this will involve working to maximize your dental plan benefits. If you would like to know your portion for the cost of any proposed treatment you need or desire, we can submit an electronic pre-determination to your dental benefit carrier. We usually receive a response of the anticipated benefit that you are eligible for, however you need to know the following about the dental benefit response:

- It does not take into consideration your dental plan annual maximum
- It does not take into consideration your dental plan annual month of renewal
- It does not take into consideration any dental plan benefits you have received during your current dental plan year
- Sometimes the response can take several days or even weeks

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Financial Arrangement Options

We will do our very best to interpret the response of your predetermination, but there are many benefit plan details that we can't possibly know or anticipate for the numerous and varied dental plans available. In essence, we can't always be certain if your dental benefits will cover the full extent of the costs incurred for your dental treatment. If you are concerned about the direct cost of dental treatment to you, then we need you to be aware of, keep track of, calculate, and/or take into consideration:

- Your dental plan annual maximum
- Your dental plan month of renewal
- The benefits you have already received during your current dental plan year.
- Your eligible and excluded procedures
- To give us adequate notice when requesting a predetermination for proposed treatment

Regardless of your dental benefit coverage, your co-payment for treatment provided is due the day of treatment. When we submit an electronic claim to your dental benefit carrier for treatment provided, we usually receive an electronic response of the anticipated benefit the carrier will pay in your behalf. However, due to the electronic nature of the submission this response occasionally has errors, or does not provide a response. Therefore, treatment balances will be charged to you as follows:

- When the Dental Benefits Carrier DOES notify us of the benefit payable at the time of service the balance must be paid by you at the time of service; the Charge Card on File will be retained for any future balances.
- When the Dental Benefits Carrier DOES NOT notify the benefit payable you must pay a 21% portion; any balance owing after the benefit payment will be applied to your Charge Card on File.
- If you have 2 or more Dental Benefit Carriers any balance not covered by your Dental Benefits Carrier will be charged to your Charge Card on File.

Assignment of Dental Benefits Authorization and Charge 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 and financial information private, including your Charge Card Authorization.

I hereby assign my Dental 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 Charge Card and Signature on file for any estimated patient portion due from the time of service, and for any remaining balance after Dental Benefit 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 _____

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

Card#: _____ - _____ - _____ - _____ Expiration Date: _____ / _____

3-digit Verification Number on the Back of the Card: _____

Cardholder Name: _____ Cardholder Signature: _____

Cardholder Address: _____ City/Province: _____

Family Members Included: _____ Any Family Member Exclusions? _____

Staff Verified Initials: _____