



Insurance Policy

Dental insurance is intended to make dentistry affordable; it was never intended to cover everything...

As a courtesy Clayburn Dental will do a complimentary insurance benefit check for our patients. However, ultimately it is the patient's responsibility for detailed information and or all the account balances incurred from services rendered.

We try our very best to gain as much information as possible from insurance carriers. However, it is becoming increasingly difficult to gain information about hidden clauses, frequencies, and limitations due to privacy policies and that we are considered a 3rd party when it comes to your individual insurance plan(s).

Clayburn Dental does not bill services according to patient's supported benefits, we bill according to services required on an individual as-needed-basis. If in doubt of insurance support, we send for predeterminations. HOWEVER, even when we receive approval for a service, in-between the time we bill and receive payment the insurance carrier could change a policy without notice rendering the approval invalid.

When changes in policies, carriers, and termination of plans occur insurance companies **DO NOT INFORM DENTAL OFFICES**. It is the patient's responsibility to know and advise us when these changes occur and again are ultimately responsible for any balances that are incurred from services rendered, as a result of the above.

Even-though we have extensive knowledge with insurance carriers it is to your benefit to READ your employee handbook and understand your covered services. Ultimately, it's a contract between you and your employer. We encourage you to talk to your insurance carrier regarding the coverage details of your plan. This will avoid any disappointment regarding changes and or the decline in payment of services.

In some cases, insurance carriers only correspond with their members; in this case you need to inform Clayburn Dental so that we can assist you in understanding these correspondences.

As a patient of Clayburn Dental, I have read and understand the above insurance policy. Any treatment that my insurance does not pay or exceeds the limits of my plan will be my responsibility and billed directly to me.

Date: _____ Patient Signature: _____

Treatment Coordinator Signature: _____



Patient Agreement

Welcome to Clayburn Dental Centre. We are pleased that you have chosen us to be your provider of quality dental care.

To ensure that we can provide the best customer service to our patients the following policies are in effect:

- Any change to your address, phone number, email address and insurance coverage must be provided the day of treatment.
- Changes to your medical/dental history particularly in regards to medications, allergies, recent hospitable visits, and glucose and INR numbers must be updated with your dental professional.
- It is contraindicated to treat patients in the **last half** of the 3rd trimester of pregnancy, and patients who have not taken their required premedication due to medical conditions.

Payment Options

Clayburn Dental is pleased to offer you the following payment options:

- Option 1:** Payment is due in full on the day treatment is rendered. We accept Cash, Direct Debit, Visa and MasterCard.
- Option 2:** You may prefer to pay for your dental work on your treatment day and have your insurance company reimburse you directly. Clayburn Dental will assist you in submitting the necessary documents to your insurance carrier.
- Option 3:** Leave your Credit Card information on file. We will submit your insurance claim directly to your insurance provider and you will pay the balance of the dental fee as "indicated" by your insurance provider. Once your insurance provider has paid us their portion, Clayburn Dental will process any balance to your credit card.

To ensure the safety of your Credit Card information we keep on file we use SafePay. SafePay is a service provided by our Credit Card Terminal Provider, Federated Gateway Ltd. – none of your personal Credit Card information is held at Clayburn Dental.

Patient Consent

I hereby give Clayburn Dental Centre permission to speak with or provide written or electronic information to my significant other/spouse/parent/guardian about any information that is needed in the opinion of the Clayburn Dental Centre. Name of Third party(s) _____

Patient Signature: _____

I agree to receive electronic communication from Clayburn Dental including appointment reminders, updates and promotions regarding their products. I am aware that I can opt-out or withdraw my consent at any time.

I am aware that a comprehensive copy of the Clayburn Dental Privacy Policy can be found at www.clayburndental.com/our-abbotsford-dentist-practice/privacy-policy/.

I have read and agreed to all of the above policies as outlined.

Patient Name: _____ Date: _____

Patient Signature: _____



PRIVACY, DISCLOSURE, & CONSENT

TO: Clayburn Dental and Clayburn Health Services

Information for our Patients

At Clayburn Dental, all professional dental services are performed by licensed members of the College of Dental Surgeons of British Columbia (“Dental Professionals”), and all institutional health care services are performed independently by Clayburn Health Services, under the clinical supervision and control of Dental Professionals in a cost-sharing arrangement. Clayburn Dental and Clayburn Health Services are each independent entities providing independent services but for ease of administration may render joint invoices for their respective services. One or more of our Dental Professionals may have a financial interest in Clayburn Health Services.

Privacy Act and Consent to Treatment

By signing this form, you acknowledge and agree that (i) you have read and understood the above information prior to any professional services being provided to you by any Dental Professional; (ii) you have been provided and have read a copy of the Privacy Code for Clayburn Dental; and (iii) you agree to the collection, use and disclosure of your Personal Information in accordance with the Privacy Code. You can withdraw your consent at any time on the understanding that withdrawing your consent to certain information handling practices may impair the ability of Clayburn Dental to provide the services you are requesting.

Acknowledgement regarding Information Provided

I, the undersigned, certify that I have provided an accurate and complete personal and medical – dental history and have not knowingly omitted any information. I have had the opportunity to ask questions and receive answers regarding my medical – dental history. Should there be any change in either my health status or any other information I have provided, I will advise this dental office. As discussed with me, I authorize the Dental Professionals and all professional staff working under the supervision and control of the Dental Professionals to perform diagnostic procedures that may be required to determine necessary treatment. I understand that information provided from or to my medical doctor or another health care provider may be necessary and I authorize the exchange of my personal information among Clayburn Dental, Clayburn Health Services, my medical doctor and another health care provider as reasonably necessary. I have been advised that this office maintains a Privacy Code and have been provided with a copy and that my personal information will be collected, used and disclosed within the guidelines of the Privacy Code. I also understand that my personal information will be retained by Clayburn Dental and Clayburn Health Services in accordance with their current practices, which may involve transfer and retention outside of Canada. I, the undersigned, acknowledge that the Clayburn Dental and Clayburn Health Services are relying upon the information which I have provided being accurate and complete.

Print Name of Patient Parent Guardian

Signature of Patient Parent Guardian

Date

Reviewed by Clayburn Dental

Date