



Thank you for considering Ti Dental for your dental health needs. The section below reviews our office policies and procedures.

Our Philosophy

It is only through mutual understanding, communication and respect that the most effective and long lasting treatment can be administered. We are here to serve you in a comfortable and professional atmosphere. Our team is devoted to providing you with the highest quality of care, as well as making your visit a pleasant experience. We will work with you to help you achieve your oral health goals.

Appointment Times

It is very important to understand that your dental appointment is time reserved especially for you. At our office, we do not double book appointment times except to accommodate unforeseen emergencies. If you are unable to keep an appointment, please let us know at least 48 hours in advance. This allows us to offer your appointment time to other patients or to accommodate emergency patients. **Failure to provide 2 business days notice will result in a missed appointment charge of \$500.00 for surgical appointments and \$100.00 for non-surgical appointments.**

Payment Policy

Payment is expected at time of service. We accept cash, Interac, Visa, MasterCard, and American Express. A service charge of 2% per month will be applied to accounts which become 30 days past due. Any account balance that is more than 60 days past due will be turned over to our collections attorney without prior notice. If your account becomes delinquent, you will be responsible for collection costs, court fees, and reasonable attorney fees incurred in collecting this debt.

Dental Insurance Benefits

As a courtesy, we will file your **primary insurance** claim for you and provide the information you need to file your secondary claim. Claims will be submitted promptly and electronically, unless your insurance company requires a paper copy. Deductibles, co-payments, and fees for treatment not covered by your dental insurance company are due at each visit.

We will do our best to determine the procedures for which you are eligible, however we cannot be held responsible for knowing benefit limits, exclusions, and waiting periods. This office cannot accept any responsibility for disputes between you and your dental insurance company or any delays in payment by the insurance company, since the contract is between you and the insurance company and ultimately remains your responsibility.

If we do not receive payment from your dental insurance company within 30 days from the date of treatment, you will be expected to pay the bill in full. Patients with primary and secondary insurance benefits will be expected to pay the balance left after the primary insurance company has paid. We will provide you with an itemized statement from which you can submit your claim to your secondary carrier.

I have read and understood the above policies.

Print Name

Signature

Date

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DENTAL OFFICE PERSONAL INFORMATION CONSENT FORM

We are committed to protecting the privacy of our patient's 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 described in this form, we also collect, use, and disclose personal information when permitted or required by law.

We collect information from you such as names, home addresses, work addresses, home telephone numbers, work telephone numbers, and email addresses (collectively referred as "Contact Information"). Contact information is collected and used for the following purposes:

- To open and update your files
- To invoice you for dental services, to process credit card payments, or to collect unpaid accounts.
- To process claims for payment or reimbursement from 3rd party health benefit providers and insurance companies.
- To send reminders to you concerning the need for further dental examination or treatment.
- To send you informational material about our dental practice.

Contact information is disclosed to third party health benefit providers and insurance companies where you have 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 your behalf.

Financial information may be collected in order to make arrangements for the payment of dental services.

We collect information from you about your health history, your family health history, physical condition, and dental treatments (referred as "Medical Information"). Your medical information is collected and used for the purpose of diagnosing dental conditions and providing dental treatment.

Your Medical Information is disclosed:

- To 3rd party health benefit providers and insurance companies where you have submitted a claim for reimbursement or payment of all or part of the cost of dental treatment or have asked us to submit a claim on your behalf.
- To other dentists and dental specialists, where we are seeking a second opinion and you have consented to us obtaining the second opinion.
- To other dentists and dental specialists if you, with your consent, have 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 your consent, to provide a second opinion.
- To other health care professionals such as physicians if you, with your consent, have 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.

I consent to the collection, use and disclosure of my personal information as set out above.

Print Name

Signature

Date