

Dr. Steve Bureau

Oral & Maxillofacial Surgery D.M.D., M.Dent., F.R.C.D. (C), Dip. A.B.O.M.S

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Personal Information Consent Form

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 circumstance described 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 payments or reimbursements 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 practice.

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 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:

- 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 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.

Oral and Maxillofacial Surgeons are regulated by the Alberta Dental Association and College and the College of Physicians and Surgeons which may inspect our records and interview 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.

Date

Patient Name (please print)

Signature of Patient/Guardian

I agree to receive electronic communications from Steve Bureau Oral & Maxillofacial Surgery regarding any information related to scheduling, insurance, fees, care and treatment.

Date

Signature of Patient/Guardian

FINANCIAL & CANCELLATION POLICY

CONSULTATION

Payment is due in full on the day of the consultation. Our office will submit a claim to your insurance for any re-imbusement to be paid to the subscriber directly. We accept Visa, MasterCard, Debit, and cash.

We will gladly submit a pre-authorization to your insurance provider so that you know what your out of pocket expenses will be for any future treatment. There are many insurance companies and they vary greatly in the type of coverage that they offer.

SURGERY

As a courtesy to our surgery patients, we are willing to accept assignment of your **primary** dental insurance benefits. We must have the pre-approval from your insurance, and a signed Visa or MasterCard imprint must be left at our office. Therefore you will only have to pay the amount not covered by your primary dental insurance on the day of surgery. For patients with dual insurance, we are happy to submit the 2nd insurance for you, and any amount covered will be paid to the subscriber directly.

I agree to assign my dental insurance payment directly to Dr. Steve Bureau. If my plan does not allow payment of my dental benefits directly to the Dentist, I agree to pay my account in full at the time of the treatment.

CANCELLATION POLICY

A minimum \$250.00 cancellation fee will be applied if:

1. Not showing up for surgery without notice.
2. Surgery is cancelled with less than 1 week notice, unless for a medical reason (A physician's note will be required).
3. Instructions before surgery were not followed leading to the cancellation of the surgery (ie: not having an empty stomach when informed to do so).

In order to secure another surgical time, full payment must be paid at least 1 week prior to surgery.

Patient Name (please print): _____

Signature of Patient/Guardian: _____

Signature of Witness: _____

Date: _____

I FULLY ACKNOWLEDGE AND UNDERSTAND THE FINANCIAL/CANCELLATION POLICY