Harker, Chan & Associates

190, 2880 Glenmore Trail SE Calgary, Alberta T2C 2E7
dentistry | www.harkerchan.com | 403-279-6526

Patient Information

Patient Name: _____ Date: _____
Last First Preferred

Birthdate: _____ Male / Female Email: _____
Day / Month / Year

Phone: (Home) _____ (Work) _____ (Cell) _____

Address: _____
Street Apartment #

_____
City Province Postal Code

Who may we thank for referring you to our practice? _____
(Patient Name, Google, RateMds, our website,etc.)

Name of Physician: _____ Phone: _____

Do you have any current health problems? Yes / No If yes, please specify: _____

_____

Do you have any allergies? Yes / No If yes, please specify: _____

Are you being treated for a specific problem at this time? Yes / No If yes please specify: _____

_____

Have you had any serious illness, injury or operations? Yes /No If yes, please specify: _____

_____

Women – Are you currently pregnant? Yes / No If so, please specify due date: _____

Permission for Treatment

This is to certify that I, the undersigned, consent to the dental and oral surgery procedures agreed on as necessary or advisable for myself or my child, including the use of local anaesthetic or other drugs. I will assume responsibility for fees associated with those procedures. I certify that the above information is correct and accurate.

Signature: _____ **Date:** _____

Harker, Chan & Associates

dentistry | www.harkerchan.com | 403-279-6526

Office Policy

As a courtesy to patients, we accept payment directly from insurance companies if they allow it.

Dental insurance plans are covered under the Privacy Act thus exact details of your plan are not accessible by us. All information we have on your dental coverage is received from you. We REQUIRE you to bring in your insurance booklet when there are changes otherwise our records are not current. As a result your insurance claim could be rejected and require you to make full payment of services.

Often with 100% coverage or dual coverage there is a balance due at the end of your appointment. This amount depends if your insurance company has kept pace with normal adjustments or if they based your benefits on an outdated fee schedule (1997). The fee guide that your insurance company uses is negotiated by your employer.

You are responsible for remitting payment for this balance at the end of each appointment. We will know either the exact balance or an estimate of the balance depending on the insurance company involved. In both cases payment is required immediately. For your convenience you may leave a credit card on file to clear the balance. Credit card information is kept in a secure location.

We require two (2) business days notice to change or cancel any appointment. Please note our office is closed Fridays. Failure to provide sufficient notice will result in a $175 charge.

Please sign below to agree to our office policy.

_____ _____

Patient/Parent/Guardian Signature **Date**

_____ _____

Credit Card # **Expiry Date**

Harker, Chan & Associates
Dr. Orin Harker Dr. Glenn Chan
Beautiful Smiles Just Around The Corner

PRIVACY, DISCLOSURE, & CONSENT

TO: Harker, Chan & Associates and Harker Chan Health Services

Information for our Patients

At Harker, Chan & Associates, all professional dental services are performed by licensed members of the Alberta Dental Association and College ("Dental Professionals"), and all institutional health care services are performed independently by Harker Chan Health Services, under the clinical supervision and control of Dental Professionals in a cost-sharing arrangement. Harker, Chan & Associates and Harker Chan 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 Harker Chan 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 Harker, Chan & Associates; 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 Harker, Chan & Associates 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 Harker, Chan & Associates, Harker Chan 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 Harker, Chan & Associates and Harker Chan Health Services in accordance with their current practices, which may involve transfer and retention outside of Canada. I, the undersigned, acknowledge that the Harker, Chan & Associates and Harker Chan 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 Harker, Chan & Associates Date