PRECISION
DENTISTRY

Dr. Navi Boparai

Insurance Consent Form

Primary Plan

Name on Insurance Card:_______________________________ DOB(dd/mm/yyyy):_____________________

Insurance Carrier: ____________________________________

Group/Policy#:____ ID/Certificate #:______________________

Secondary Plan

Name on Insurance Card:_______________________________ DOB(dd/mm/yyyy):_____________________

Insurance Carrier: ____________________________________

Group/Policy#:____ Plan/Certificate #:________________

To electronically submit claims to your dental insurance, the Canadian Dental Association requires the following authorization:

I authorize release, to my dental plan administrator and CDA, information contained in claims submitted electronically.

I hereby assign my benefits, payable from claims submitted electronically to Dr Navi Boparai and authorize payment directly to them.

These authorizations shall continue in effect the undersigned revokes the same.

Date________________________________ ***Signature of Patient/Guardian***______________________________________

The intent of this letter is to inform patients that while we are pleased to accept direct payment from most insurance companies some procedures may not be covered and co-payments are often necessary. We must remind our patients that:

- Our office will always bill according to the current BC Dental Association Fee Guide that is issued to the dentist every February.
- The dental insurance policy is a contract between the patient and their carrier. It is NOT a contract between our office and the carrier.
- The dental office is considered a third party and as such, most will not release information to our office due to privacy regulations.
- Our office will do our best to inform you of anticipated costs for a particular procedure and more than happy to send a predetermination to your insurance carrier on your behalf.
- Most plans will only send the predetermination response to the patient not the dental office.
- In the case of dual insurance plans, some will charge a deductible or pay at an older fee guide which will result in a balance owing to the dental office. Prompt payment of the account is expected.
- It is impossible for us to know the details of every patient's dental policy and cannot always plan every dental procedure that may become necessary or plan limitations.
- For children, primary plan will be the parent with the first birth month of the year.
- Our office requires 48 hour notice to cancel or reschedule an appointment otherwise a cancellation fee will be applied.

Patients name:________________________________

Patient/Plan holders Signature:__________________________ Date(dd/mm/yyyy)________