



DR. HAP KLER & ASSOCIATES  
FAMILY DENTISTRY

Dr. Harprit Kler Inc.

**Insurance Consent Form**

**Primary Plan:**

Name on Insurance Card: \_\_\_\_\_ DOB (dd/mm/yyyy): \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Group/Policy#: \_\_\_\_\_ Plan/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. Harprit Kler Inc 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 are 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/Planholder Signature: \_\_\_\_\_ Date(dd/mm/yyyy) \_\_\_\_\_