MID-MAIN
COMMUNITY HEALTH CENTRE

Mid-Main Dental Clinic
2265 Main Street, Vancouver, BC V5T 0K2
T: 604.873.3602 F: 604.873.6993 MidMain.net

Patient Agreement

Welcome to Mid-Main Community Health Centre. We are pleased that you have chosen us to be your provider of quality dental care.

As a not-for-profit organization, we offer our patients without dental insurance a 10% discount on all basic dental services. To ensure that we can continue providing this reduction in cost, the following policies are in effect:

- All patients must provide photo ID prior to registration
- All patients must take care of the charges in full at each appointment. For your convenience, we accept Cash, VISA, Mastercard and Direct Debit.
- All patients must pay their patient portion at date of service.
- All New Patients without insurance must pay for their estimated procedures prior to their appointment.
- Student Plan holders must pay upfront, however we will assist you in submitting necessary documents for your claim.
- All patients booked for crowns, RCT, and/or Implant surgery must leave a 50% deposit prior to booking initial appointment. At the final appointment or insert date, the remaining balance is due prior to completing treatment.
- All patients without insurance are required to either leave a credit card on file for a preauthorization or pay 50% up front prior to the scheduled procedure.
- We accept and bill most insurance plans on your behalf. We have the right to refuse accepting assignment of benefit for some insurance plans. You are responsible for any unpaid balances or costs for services not covered by your plan.
- We do not accept dual insurance as assignment of benefit. Patients must pay their portion and we will be happy to help submit the necessary paperwork to have you reimbursed.
- All patients with MSSH, FNHA, and/or NIHB as their secondary insurance must pay for their portion. Patients must pay their portion and we will be happy to help submit the necessary paperwork to have you reimbursed.
- Your appointments are considered confirmed at the time of booking.
- Cancellations must be made 48 hours in advance. Failure to do so will result in a fee of $25.00 - $100.00 for every missed appointment time.
- Failure to cancel a booked appointment or show up for your appointment twice in a row or three times in your history with our clinic will result in the discontinuation of services.

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- All outstanding balances past 90 days are subject for collections.
- All patients in collections will no longer receive services at our clinic.
- Fees to copy any records are subject to a $50.00 charge. Please allow 7 days preparation time.
- Dentists are obligated by law to provide copies of what the patient has requested, including radiographs, study models and photographs. A reasonable fee may be charged to cover the cost of duplicating the records and radiographs. As noted with CDSBC
- Duplication of xrays fees starting at $8.30 each up to a max of $55.30 each depending on number of xrays. Please allow 2 days preparation time.
- All patients receiving a refund cheque due to insurance errors will take a minimum of 2 weeks to be reimbursed.

Our dental clinic collects your personal information to ensure you receive safe and appropriate dental treatment. Credit card and insurance coverage information may also be collected to facilitate payment for treatment rendered. Your personal information will only be used, disclosed and retained for these purposes or as required by law.

Mid-Main is in compliance with federal and provincial privacy legislation. For more information on our privacy policies and practices, contact our Privacy Officer, Irene Clarence, by written request or by phone at (604) 873-3666 x 223.

As a patient of Mid-Main's Dental Clinic, you can expect quality attention and consideration. We also expect that of our patients. Together we can ensure that our services remain available and accessible to everyone.

The Dentists and support staff of the Mid-Main Dental Clinic thank you.
I have read and agree to the policies as outlined above.

Patient Name: ______________________________ Date: ____________

Patient Signature: ______________________________

Updated May 2023