



HIGHLAND DENTAL CLINIC

Canadian Dental Care Plan (CDCP) Consent to Balance Bill

I acknowledge that I am a patient or the parent/guardian of a patient with the Canadian Dental Care insurance plan (CDCP) at Highland Dental Clinic.

I understand that following:

- the fees at Highland Dental Clinic are based on the current Alberta Dental Association Fee Guide and that these fees are different then the CDCP fee schedule.
- it is my responsibility to pay the difference between the CDCP fees and Highland Dental Clinic fees.
- the level of my CDCP coverage is based upon my income and eligibility for this coverage can change. It is my responsibility to be aware of any changes that affect my coverage.
- I understand that I can request a pre authorization to be done on my behalf by Highland Dental Clinic if I am unsure of my coverage or co-pay amounts.

Consent:

I hereby consent to the treatment provided at Highland Dental Clinic and agree to be responsible for any uncovered fees.

Patient Name:

Signature of Patient or Parent / Guardian:

Date:
