



Scident Family Dental Clinic

Dr. B. Chehroudi & Associates

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Dear Patients,

At Scident it is our optimal goal to provide you and your family with the highest quality of dental care while maintaining a friendly and professional environment. To keep our standard of care to a level which best serves the running of our clinic and the needs of our patients we ask that you read, understand and agree to the following guidelines and expectations in our office.

1. Patients must ensure all contact information such as phone numbers, address and email address is up to date to ensure we are able to contact patients.
2. For the efficiency of the communication I understand that I will be contacted mostly by text or email and I am responsible to respond in a timely manner. If I have not updated my contact information and I miss communication from the office regarding reminders for appointments I understand that I am fully responsible for the appointment I have missed. I understand that reminders for appointments are a courtesy only and I will still be responsible for any appointments that I have booked or confirmed.
3. I understand that all appointments are confirmed when booked if they are book within a months' time. If a dental cleaning or hygiene appointment is booked in advance I must respond to confirm the appointment either way to the messages that are sent to me.
4. I understand that ANY appointments booked by myself for myself are my responsibility. If I book an appointment for myself or any family member, relative or friend for an appointment that is short notice cancelled or the person does not show to the appointment I will be charged 50.00 per hour for weekday appointments and 100.00 per hour for Saturday appointments. It is the discretion of the office to advise me if they are no longer able to accommodate me if I fail too many appointments or the patient - office relationship is not working.
5. I understand that the dental office is much like any health care facility and I may need to wait from time to time for my appointment. The office will do its best to get me in at a timely manner but if there is an emergency or a treatment before me has had unexpected delays, I understand that it may take time to finish the patient before me and that if I was the patient in the chair the office would do the same for me.

6. I understand that I should turn off or set my cell or mobile phone to silent when in the treatment room. I should also ensure that I keep phone calls in the reception/front desk area to short calls with discretion to the loudness of my voice.
7. I am responsible to attend all appointments for the treatment they are booked for and for the length of time they are booked for. If I should need to change or cancel a dental appointment I must contact the dental office and they must confirm they have received the change or cancellation a minimum of 2 of their full business days prior to their appointments.
8. I understand that any changes or cancellations must be received and confirmed by the dental office a minimum of their 2 full business days prior to the appointment.
9. *I acknowledge that the current business hours are:
Mondays to Wednesdays 9:00am to 5:00pm
Thursdays from 10:00am to 2:00pm
Saturdays from 9:00am to 5:00pm.

*The office is closed Fridays, Saturdays and Mondays on Long weekends and holidays and are not considered business days
10. I understand that I should not enter the clinical areas of the office without permission or being escorted. Treatment is in progress at most times and is a busy area and this helps to maintain the safety and efficiency of the office.
11. I understand and agree to the Zero Tolerance Policy of the dental office. This policy means that no aggressive or abusive behaviour will be tolerated in the office or over the phone towards any staff member. If any aggressive behaviour of verbal abuse is used by myself or a child in my care, the office maintains the right to dismiss our patient relationship and I will have 30 days to find a new dental office and will only be treated for emergency pain treatment within those 30 days. If I have a conflict in the office I should either speak to the office manager or Dr. Chehroudi to best resolve the issue in a constructive manner. The staff are trained to maintain professionalism and respect at all times and I understand I must provide the same courtesy.
12. DENTAL INSURANCE - I have read and understood how the dental insurance policies apply to me and agree to them.
13. I understand that Scident is switching over to non-assignment of dental claims. What this means is that if I am a new patient I will pay the dental office directly in full on the date of service for treatment. The dental office will submit a claim on my behalf to have the expenses reimbursed. The insurance company will in majority of cases send the reimbursement to the plan holder. If I am a current patient I understand that I can change over to non-assignment now but assignment of benefits will no longer be available as of Jan 01, 2022.
14. I understand that if I have a dependant on my dental plan I am responsible for the Family account until the age of 30 if they are covered on my dental plan and on my office account. I must inform the office to remove the dependant off my account in writing if I am not responsible for the account. I must provide my credit card number, with the expiry and 3 digit CVC/CVV on the back of the card. I am responsible to update the credit card number and information any time it has changed or expired so that the dental office is able to put through any charges for myself or on my family account that is outstanding.

15. The dental office will do its best to ensure that the dental predeterminations or estimates for treatment (other than cleanings, emergency and unexpected appointments or last minute additions to appointments) are sent to my insurance. It is my responsibility to check for a reply to ensure that I know how much is covered. If I am unable to understand the paper work I receive I can ask for the assistance of the dental office however, I understand that most dental insurance companies will not provide information to the dental office staff and the staff can only advise me as to what is on the paper response
16. Although the office is converting to non-assignment of dental insurance benefits, I understand there maybe some personal reasons or dental plans that the office may need or are willing to accept insurance on a patients behalf. The office reserves the right to make those decisions on a case by case basis.
17. In most circumstances our office does not provide a payment plan. If you are wanting to set up a payment plan for treatment above 2,000.00 then we encourage you to apply directly to PAYBRIGHT FINANCIAL SERVICES. If services are not 2,000.00 or more we will not be able to offer this service. To arrange any other short term payment plans the front desk must be informed at least 2 weeks in advance and an agreement must be signed prior to the appointments.
18. I understand that if and while the office accepts my insurance coverage to pay them, if the insurance does not pay in full for any reason, I will be fully responsible for any amounts due and will be paid within a week of the invoice or statement being sent to me.
19. I understand that if I am having any treatment with Dr. Kim the Periodontist (Gum Specialist) in the office, he has not and will not be accepting payment from any dental insurance. Payment will always be due on the date of service and if insurance information is provided a claim can be sent to the insurance on my behalf for reimbursement.
20. I understand that if I have any questions or require further clarification regarding these office policies, I have done so prior to signing and submitting this form.
21. I understand that as a patient at Scident the Dentists all work as a team and I may need to see certain dentists depending on the treatment, booking times and availability of the dentist. All the dentists at Scident are qualified professionals and it may be necessary for me to have treatment with another dentist than the one I have requested at Scident. I understand that I can make a request but it may not be possible to see the dentist I would prefer within the time frame I would prefer or what is recommended.

THIS FORM WILL BE SENT BY EMAIL OR TEXT LINK ONCE AN APPOINTMENT HAS BEEN BOOKED