

## **Tangerine Family Dentistry**

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### **CANADIAN DENTAL CARE PLAN (CDCP) INFORMED CONSENT FORM**

I, \_\_\_\_\_, as a patient or a guardian of a patient at  
Tangerine Family Dentistry, hereby consent that:

- I understand that CDCP operates under a different fee guide than the Ontario provincial fee guide, and that CDCP does not cover the full amount of fees charged for dental treatment in Tangerine Family Dentistry.
- I understand that I will pay any difference between the CDCP-covered fees and the charged fees by Tangerine Family Dentistry immediately upon completion of treatment.
- I understand that to minimize the possibility of claims being denied after treatment, Tangerine Family Dentistry will send predeterminations to CDCP and wait for approval prior to starting treatment. This may result in some delays in treatment.
- I understand that in cases of emergency treatment, Tangerine Family Dentistry may be unable to check coverage prior to beginning treatment. In rare cases where all or part of the emergency treatment is not covered by CDCP, I agree to pay for all portions of the treatment not covered.
- I understand that I must inform the office if I have any insurance coverage other than CDCP. Tangerine Family Dentistry is required by Health Canada to bill other insurances prior to billing CDCP.
- I understand that I am fully responsible for renewing my CDCP coverage annually and ensuring all coverage information provided to Tangerine Family Dentistry is up to date. Failure to do so may incur unexpected out-of-pocket expenses.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date