



Dr. Drew Markham
DENTISTRY

Vibrant smiles for healthy lifestyles...



Welcome to Dr. Markham's dental office!

Our Mission:

Dr. Markham and his team of highly educated and compassionate professionals provide exceptional, comprehensive dentistry in a relaxed, safe, and technologically advanced facility. Through the love and gratitude we have for our patients, we will provide exceptional service to our patients and the local community. We are the office best equipped for people that want to achieve and maintain a vibrant smile for a healthy lifestyle

We have made the commitment to not only provide world-class general dentistry in Huntsville, but to also provide many other specialized services which enhance several aspects of lifestyle that you might not expect from a dental office. Please visit www.drdrewmarkham.ca for more information on services from cosmetics to treatment for migraines and other headaches, to athletic performance and more.

Dr. Markham is very involved in the dental profession. He is the only dentist from Ontario to instruct other dentists in neuromuscular and cosmetic dentistry at the prestigious Las Vegas Institute (www.lviglobal.com). He also serves on the Board of the International Association for Comprehensive Aesthetics (www.iaca.com), and the Core Economic Committee of the Ontario Dental Association. These affiliations provide Dr. Markham with frequent opportunities to meet with the brightest minds in dentistry, as well as being introduced to new materials and technologies.

We are a highly skilled general dental practice, able to provide a wide range of dental services. Our entire office travels across North America to train with leading dental clinicians so that we can provide our patients with the care that we would want for our own families. We believe it is our professional obligation to inform you of all options for treatment so that, ultimately, you can choose the care that best fits your needs.

So that we can prepare for your initial visit, please complete the following forms in advance and return them: by fax to 788-2956, by mail addressed to #6-110 North Kinton Ave., Huntsville, ON, P1H 0A9, or in person between the hours of 8:30am and 5pm on Tuesday, Thursday and Friday or 8:30am to 1pm on Wednesday. If you have any further questions, please contact us at 788-3067 or by email at drmarkham@bellnet.ca. If there is anything that we can do to make your experience more enjoyable, don't hesitate to ask! We appreciate the opportunity to help you achieve and maintain a vibrant smile for your healthy lifestyle!



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Personal Information:

Full Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work: _____

Cell: _____ Email: _____

Date of Birth: _____
day/month/year

Insurance Information (If applicable)

Name of Policy Holder: _____ Date of Birth: _____
day/month/year

Insurance Co.: _____ Employer: _____

Group/Policy #: _____ Certificate/ID #: _____

Note: Please see financial policy for important insurance information.

I understand this information is necessary to provide me with dental care in a safe and efficient manner. I have answered all questions to the best of my knowledge. Should further information be needed, you have my permission to ask the respective health care provider who may release such information to you. I will notify the doctor of any change in my health or medication.

Signature: _____ Date: _____

Name: (if signed by guardian): _____

Reviewed by Dentist: _____ Date: _____

**Please fax these forms to our office prior to your visit at (705) 788-2956,
or mail them to our address : 110 North Kinton Ave., Suite 6, Huntsville, ON, P1H 0A9.**



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Medical History:

Physician's Name: _____ Phone #: _____

Are you taking any medication (prescription and non-prescription)? Yes No

Please list name and dosage _____

Do you have any allergies? Yes No

If so, please list: _____

Have you been hospitalized during the last two years? Yes No

Please explain: _____

Indicate which of the following you presently have, or have ever had:

Angina	Yes	No	Arthritis/Rheumatism	Yes	No
Cardiovascular Problems	Yes	No	Artificial Joints	Yes	No
Cancer	Yes	No	Diabetes	Yes	No
Epilepsy	Yes	No	Psychiatric Treatment	Yes	No
Kidney Disease	Yes	No	Liver Disease	Yes	No
Heart Problems	Yes	No	High/Low Blood Pressure	Yes	No
Lung Disease	Yes	No	Thyroid Disease	Yes	No
Head/Neck Injury	Yes	No	Headaches	Yes	No
Asthma	Yes	No			

Do you have or have you had any disease, condition or problem not listed? Yes No

Please list: _____

For women, are you:	Pregnant?	Yes	No
	Nursing?	Yes	No
	Taking birth control pills?	Yes	No



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Getting to know you:

Our practice places a strong emphasis on getting to know you and using that information to assist us in developing your personalized dental plan. Please answer the following questions:

What specific concerns would you like addressed?

How do you feel about the present health of your mouth?

How did you hear about our office?

Do you need treatment completed by a certain date?

Are there any obstacles you foresee in receiving dental care?

Is there anything about the appearance of your teeth that you would change?

What caused you to leave your last dentist?

Is there any additional information you would like us to know? (past dental experiences good or bad, specific fears, etc.)



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Patient Consent Form: Collection, Use and Disclosure of Personal Information.

We understand the importance of protecting your personal information. All team members who come into contact with your records are aware of the sensitive nature of the information you have disclosed to us. They are all trained in the appropriate use and proper protection of your information.

In this office Dr. Markham acts as the privacy Officer.

Outlines of what the consent entails and what our office is doing to ensure your privacy are as follows:

- Only necessary information is collected about you
- We only share your information with your consent
- Storage, retention and destruction of your personal information complies with existing legislation and privacy protection protocols as outlined by the Royal College of Dental surgeons of Ontario

Do not hesitate to discuss our policies with Dr. Markham or any member of our team.

How Our Office Collects, Uses and Discloses Patient's Personal Information.

This office will collect, use and disclose information about you for the following purposes: to

- deliver safe and efficient patient care
- to identify and to ensure continuous high quality service to
- assess your health needs and provide care
- to offer, advise and provide treatment options, care and services in relationship to the oral and maxillofacial complex and dental care
- to establish and maintain communication with you, including booking and confirming appointments
- to communicate with other treating health-care providers, including specialists and general dentists who are the referring dentists and/or peripheral dentists to allow us to efficiently follow-up for treatment, care and billing
- for teaching and demonstrating on an anonymous basis
- to complete and submit dental claims for third party adjudication and payment to comply
- with legal and regulatory requirements, including the delivery of patients' charts and records to the Royal College of Dental Surgeons of Ontario in a timely fashion, when required, according to the provisions of the *Regulated Health Professions Act*

- to comply with agreements/undertakings entered into voluntarily by the member with the Royal College of Dental Surgeons of Ontario, including the delivery and/or review of patient's charts and records to the College in a timely fashion for regulatory and monitoring purposes
- to permit potential purchasers, practice brokers or advisors to evaluate the dental practice and/or conduct an audit in preparation for a practice sale
- to deliver your charts and records to the dentist's insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- to prepare materials for the Health Professionals Appeal and Review Board to process credit card payments and collect unpaid accounts
- to assist this office to comply generally with the law and all necessary regulatory requirements

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Your information may be accessed by the regulatory authorities under the terms of the *Regulated Health Professionals Act (RHPA)* for the purposes of the Royal College of Dental Surgeons of Ontario fulfilling its mandate under the RHPA, and for the defense of a legal issue.

Our office will not under any conditions supply your insurer with your confidential medical history. In the event that this request is made, we will forward the information directly to you for review, and for your specific consent.

Patient Consent

I have reviewed the above information and the description on how my information is protected by the Privacy policy and the steps the office is taking to protect my information. I understand that your office has a Privacy Code, and I can ask to see the Code at any time.

I agree that Dr. Markham may collect, use and disclose personal information about

_____ (patient name) as set out above in the office's privacy policies.

Print Name

Signature

Date

Witness



Financial Policy

Payment is expected in full at the time of service. We offer a number of payment options for your convenience:

1. Credit Card – Visa, MasterCard, AMEX
2. Cash or Debit
3. Personal Cheque (\$50 NSF fee)
4. DentalCard (on approved credit)

For those patients with insurance, your benefits are based on a contract negotiated between your employer and the insurance company and are not intended to cover all dental treatment. While we will make every effort to maximize your benefits, we do not accept insurance cheques as payment. On your behalf, we will file your claim and the insurance payment will come to you directly, usually in less than one week.

Insurance companies will often only provide coverage for the cheapest possible treatment alternatives which are not necessarily in our patients' best interest. While you will always have the choice of what level of care you receive within our office, we will suggest what we think is the best treatment for you and your family based on our clinical findings, not based on what we expect an insurance company to cover.

Cancellation Policy

Your appointment is a time reserved especially for you. It is your responsibility to record this reserved time for future reference. As a courtesy, we will remind you of appointments by phone as the date approaches. We require 24 hours notice, during business hours, to change or cancel an appointment. Late notice or missed appointments may be subject to a minimum \$50 charge.

I have read and understood this financial policy and am aware of my responsibility for payment the day services are provided.

Signature: _____ Date: _____

Important Information Regarding Insurance Benefits

It is vitally important that our patients understand the role that insurance has in their oral health. **First, insurance should only be considered a benefit to assist in the cost of dental care and not universal coverage. It is simply a contract between the insurance company and the employer that determines what benefit can be paid towards dental treatment.** There are literally thousands of different plans, and while we can often inquire on your behalf, it is ultimately your responsibility to know the terms of the contract – your benefits coordinator would be the ideal person to contact if you are unsure of the details.

We want to make it very clear that insurance companies are in business for profit. They say and do many things to interfere with the relationship between the patient and the dentist. They do not look out for our patient's best interest, and they often attempt to interfere with our ability to provide high quality dental treatment.

One very common example is, "The patient is eligible for 9 month recall." In this case the insurance company makes it seem like you are only eligible for cleanings every nine months. In almost all cases, this nine month interval only applies to the check up with the dentist. There are usually provisions that will pay for additional cleaning visits in between check ups, as nine months is too long a period for almost all adults to maintain their periodontal/gum health.

There are limitations in all benefit plans for what the employer will cover from annual maximums, to limited coverage on 'major' procedures, to providing coverage for only the least expensive alternative for treatment. Again, when a patient receives notices from the insurance company, it is often confusing, and the patient can be led to believe that if a procedure is not covered, then it might be unnecessary. Nothing could be further from the truth, and by rejecting proposed dental treatment, it lines the pockets of the insurance company, and provides obstacles to you receiving the quality of care that you deserve.

In our practice, the patient is always in control of deciding which treatment they wish to receive. If you wish to have only dental care that is covered by your plan, it is your responsibility to make this very clear to us, and we will do our best to stay within the confines of your benefits. However, it is our responsibility to let you know that in many cases, by limiting the level and amount of care that you are receiving, that the outcome of treatment often becomes less predictable.

Initial _____