Office Guidelines

Consent

I authorize the doctor to obtain x-rays, study models, photographs, or any other diagnostic aids deemed appropriate to make a thorough diagnosis. Upon such diagnosis, I authorize the doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required providing proper care. I agree to the use of anesthetics, sedatives and other medications as necessary. I fully understand that using anesthetic agents embodies certain risks. I understand that I can ask for a complete recital of any possible complications. I will be given the opportunity to discuss my treatment plan with the doctor and financial arrangements will be agreed upon before treatment is begun. If care is being rendered on a minor child, I authorize the doctor to obtain the x-rays and to treat the minor child as needed. I understand I will be given the opportunity to discuss the treatment plan with the doctor and that I as the parent/guardian who accompanies the child to the office am responsible for payment.

Financial Responsibility

1. Balances remaining beyond (90) days from the first billing will accrue interest at the rate of 1.5% per month of the unpaid balance. (18% annual rate).
2. There is a $30.00 charge on all returned checks.
3. Personal credit may be checked. If a child is rendering care, we have the right to check the financially responsible party's credit.
4. In the event of default, I promise to pay legal interest on the indebtedness, collection cost, and related attorneys fees.

Dental Insurance

We are happy to file forms necessary to see that you receive the full benefits of your coverage; **HOWEVER**, we **CANNOT** guarantee any estimated coverage. Unless prior arrangements are made you will be expected to pay the portion as services are provided. Please keep in mind that we can only **ESTIMATE** your portion. If there is a difference after your insurance company has paid, it is your responsibility to pay the difference. Because the insurance policy is a contract between you and the insurance company, we will not enter into a dispute with your insurance company over your claim. We will provide information to support the necessity for treatment, which may assist you in recovering your benefits. Any balances not paid by the insurance company within 60 days of submission become the patient's responsibility to pay at that time.

Payment Options

Financial arrangements are available upon approval based in part upon a record of your credit history, which is obtained from Equifax and/or TransUnion. The terms offered may be more favorable to patients who have better credit histories. You have the right to dispute any inaccurate information in your credit history by contacting Equifax/TransUnion, and you may obtain a copy of your credit history from Equifax/TransUnion without charge within 60 days of receiving this notice.

HIPAA

I understand that my information may be disclosed for Dental/Medical purposes.

Signature: _____

Date: _____