

Consent for Services and office policies

We take great pride in the dentistry we perform here. Our dentistry is guaranteed; under the condition that our patients make a firm **commitment** to maintain their dental health with office Re-Care visits every six months. This is essential to track the progression of your dental health.

Insurance: Treatment recommendations are based on your health not on your insurance or lack thereof. If you have insurance it is your responsibility to be aware of what your benefits are. Remember insurance companies are not concerned about your health or well being – we are. We will provide you with an estimate of benefits; however you are fully responsible for any treatment performed. Your benefits are a contract between you and your insurance company. We cannot be responsible for what your insurance will or will not cover.

As a condition of your treatment by this office, financial arrangements are made prior to treatment and payment is due at the time services are rendered. The practice depends upon reimbursement from the patients for the costs incurred in their care and financial responsibility on the part of each patient must be determined before treatment.

Emergencies: It is our goal to eliminate all of the potential dental emergencies you may have by providing care for you before it becomes a problem. In the rare instance that you do have an emergency we want you to be assured that we will take care of you. In order to do this we would like to define what a true emergency is. Swelling, bleeding, severe pain that has kept you up at night or requires medication, or a restoration in a visible area that falls out are all considered emergencies. If you have any of these symptoms we ask that you call us right away. We will provide you with the next available emergency appointment. We do set aside time each day for emergencies. All emergency dental services, or any dental services performed without financial arrangements, must be paid by cash, check, or credit card, at the time services are rendered.

Our office accepts assignment of benefits from the insurance company as a courtesy for our patients with the full understanding that all co-pays and deductibles are due at the time of service. Insurance estimates are not a guarantee of payment, and any remaining balance due after the insurance company has paid their portion is the sole responsibility of the patient. Our office cannot render services on the assumption that our charges will be paid by an insurance company.

Appointments are **confirmed usually 2 days in advance**. We will attempt to reach you in person to confirm your scheduled appointment. It is greatly appreciated when you have an appointment scheduled that you **call our office to confirm your appointment** in the event we were unable to reach you.

No-shows are not acceptable. Failure to make an appointment not only compromises your health but inconveniences other patients who may have requested an office visit during your scheduled appointment. If you cannot make an appointment (except in the case of an emergency) you are expected to call within 2 business days of your appointment to reschedule. There is a \$50.00 fee for all no-show appointments and this fee is not covered by insurance.

I have read the above conditions of treatment and payment, and agree to their content.

_____ Date: _____ Relationship to patient: _____

(Signature of Patient or Guardian)