

Payment is due in full at the time of treatment

(Unless prior arrangements have been approved)

I understand that I am responsible for payment of services rendered and also responsible for paying any co-payment and deductibles that my insurance does not cover. I hereby authorize payment directly to the dental office of the group insurance benefits otherwise payable to me.

I hereby authorize release of any information, including the diagnosis and records of treatment or examination rendered, to my insurance company.

I understand the above 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 healthcare provider or agency that may release such information to you. I will notify the dentist of any changes in my health or medication.

Our mission is to deliver the finest and most cost effective dental care available today. Following diagnosis the doctor will discuss with you our plan for your treatment. We will also discuss the cost of today's and future treatment. Sometimes your dental plan may not cover the entire cost of your treatment because we are not a preferred provider for any insurance, however we do offer several alternative payment options for your convenience.

Please indicate below the payment option you wish:

- Cash or Check
 American Express, Master Card or Visa
 Care Credit (Payment Option)

If you have insurance we will bill your insurance directly, as a courtesy to you. If you are ineligible for insurance benefits when services are rendered, you will be responsible for any charges incurred. The fees quoted are estimates only. **If your insurance pays less than estimated, you will be responsible for any difference.**

** Please note that if any courtesy discount is applied to your account, and account goes into delinquency, all discounts will be removed and you will be responsible for the entire balance on your account.

Please be aware that we do charge \$25 for broken appointments. If you cannot make your appointment we need 24 hours' notice, so we can offer this appointment to another patient.

Once again thank you for selecting our dental healthcare team! We will strive to provide you with the best care.

Signature _____ Date _____

Person to contact in case of emergency

Name _____ Relationship _____

City _____ State _____ Cell phone _____

Home Phone _____ Work Phone _____

OFFICE USE ONLY

I VERBALLY REVIEWED THE MEDICAL/DENTAL INFORMATION ABOVE THE PATIENT NAMED HERE IN

Date _____ Initial _____