

Patient Acknowledgements and Consents

<p>_____</p> <p>Initial</p>	<p>Insurance Policy All fees incurred at this office are the responsibility of the patient. As a courtesy, however, we do file most dental insurance. Whenever possible, we will estimate the benefits from your insurance plan and require that you pay only deductibles and co-payments initially. Many insurance companies have specific exclusions, waiting periods, limits, etc. that we are unaware of, and our estimates are not guarantees of payment. Any balance resulting from a lower reimbursement from your insurance company than initially estimated is due in full. In addition, if the insurance company fails to make payment within 60 days, the entire balance becomes due from the patient. For more information read the Insurance Facts section of the new patient packet (Appendix 1).</p> <p>By signing below, I authorize my insurance company to pay the doctor all insurance benefits otherwise payable to me. In addition, I authorize the release of any information necessary to obtain payment from the insurance company. (We will use this as your signature on file to be used on all insurance claims.)</p>
<p>_____</p> <p>Initial</p>	<p>Financial Arrangements All fees are due in full at the time of service unless an alternate written financial arrangement has been agreed upon. If the cost of treatment is higher than patients can afford at one time, we do offer payment options. For more information read the Financial Arrangements section of the new patient packet (Appendix 2) or ask our staff, who will be happy to discuss options with you. All financial arrangements should be discussed and finalized prior to scheduling treatment.</p> <p>By signing below, I agree to be responsible for payment of all services rendered on my behalf or on behalf of my dependents. In the event payments are not received by agreed upon dates, I understand a finance charge will be assessed on my account. I also agree to pay any collection costs necessary, including a reasonable attorney's fee, should my account become overdue.</p>
<p>_____</p> <p>Initial</p>	<p>Appointment Policy In order to give the best quality care, we reserve individual appointment time for each patient, trying to always start and end appointments on schedule. Because of this, we ask that you give at least 48 hour notice when you need to change your appointment. Non-refundable prepayment may be required for lengthy or higher-cost appointments. There will be a fee charged to you for any changed or forgotten appointments that occur in less than 48 hours of the appointment time.</p>
<p>_____</p> <p>Initial</p>	<p>Royalty and Publishing Rights Release for Models, Photos, etc I authorize the doctor or his designated staff to take x-rays, study models, photographs, and other diagnostic aids deemed appropriate to make a thorough diagnosis of my dental needs and to document my treatment. The doctor may use such items for obtaining insurance benefits, teaching, publishing in professional literature, technique demonstration, marketing, and patient education without compensation or royalties.</p>
<p>_____</p> <p>Initial</p>	<p>Consent to receive treatment Upon diagnosis I authorize the doctor to perform all recommended treatment mutually agreed upon and to employ such assistance as required to provide proper care. I agree to the use of any necessary anesthetics, sedatives, and other medications. I fully understand that using any medications can involve certain risks. I understand that I can ask for complete recital of any possible complications.</p>
<p>_____</p> <p>Initial</p>	<p>Notice of Privacy Policy We care about your privacy and the privacy of your personal health information. By law we are required to maintain your privacy, and to give you notice of our privacy policies and practices. Our Privacy Policy is included as a part of this document (Appendix 3). We also have a copy posted at the office. If you like, we can print an extra copy of the Privacy Policy at our office for you to take with you. You can also view or download the form on our web site.</p>

Signature

*I agree to abide by this office's Insurance, Financial, and Appointment Policy.
I agree to the x-ray, model, photographic release.
I want my dental needs to be treated at this office.
I have been offered the opportunity to read the office's Privacy Practices, or chosen that I do not want to read it at this time.*

Signed: _____ Date _____

(If signing for a minor only) Relationship to the patient: _____