

# CONSENT FOR TREATMENT

1. I hereby authorize the doctor or designated staff to take x-rays, study models, photographs and any other diagnostic aids deemed appropriate by the doctor to make a thorough diagnosis.
2. Upon such diagnosis, I authorize the doctor to perform all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.
3. I agree to the use of anesthetics, sedatives, and other medication as necessary. I fully understand that I can ask for a complete recital of any possible complications. I also fully understand that using anesthetic agents embodies certain risks.
4. I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand that payment is due at the time of service unless other arrangements have been made. In the event payments are not made as agreed upon, I understand that a 1 ½ % late charge (18% APR) will be added to the unpaid balance. If any action is taken to collect on my account, I will be responsible for all costs of collection as well as any attorney fees incurred during the collection process.

\_\_\_\_\_ Patient or Responsible Party

\_\_\_\_\_ Relationship to Patient

Date \_\_\_\_\_ Witness \_\_\_\_\_

## OFFICE POLICY REGARDING DENTAL INSURANCE

**Our office has chosen not to be a “contracted provider” for any insurance companies.**

**We believe that we can perform our dental services at a higher level while giving better value to our patients, when not being bound by the provisions of an insurance contract.**

**Unlike medical insurance, “catastrophic” expenses (such as hospitalization, surgery, ER expenses etc.) are not a factor with dental insurance.**

We can help patients with concerns about costs involved with dental treatments by

- 1) Exploring and explaining various treatment options (including costs).
- 2) Providing financing options to permit paying over time.
- 3) Prioritizing treatment needs and doing treatment over time instead of “all at once”.

**We will file your insurance claims for you. We will ask your insurance company for coverage information and benefit amounts for your policy. We will do our best to estimate what your “out of pocket” portion will be prior to providing treatment.**

**Ultimately, your insurance policy is a contract between the purchaser of the insurance (usually your employer) and the insurance company.**

**I hereby acknowledge and accept the conditions (as explained above) regarding this office’s policy in dealing with dental insurance.**

Date \_\_\_\_\_ Signature (Guarantor) \_\_\_\_\_