



Consent to treat

There are some risks in all dental procedures. Specific risks include but are not limited to: infection, swelling, pain, discoloration, and partial or complete, permanent or transient numbness or paresthesia or areas of the oral cavity. Sometimes there are complications that cannot be foreseen.

If we are not able to resolve your chief complaint, we will assist you in finding a specialist that can accommodate your needs. Alternative methods of treatment and the consequences of no treatment will be explained. The procedure involved in dental treatment include the use of anesthetics, sedatives and other medications.

Changes to your treatment plan will be discussed with your approval. You may and are encouraged to ask questions regarding any proposed procedure and the risk involved, and you have the right to refuse any procedure. We also have the right to discontinue our relationship if we feel the standard of care is compromised by this decision.

Please list persons authorized to discuss treatment and/or your account

Fee information

We are committed to providing you with the best possible care. If you have dental insurance, we are happy to help you receive your maximum allowable benefits. It is important however you realize that....

1. Your dental contract is between you, your employer, and the carrier. **WE ARE NOT A PARTY TO THAT CONTRACT** this office files to your insurance company as a courtesy.
2. Our fees generally fall, but not necessarily are within the fee structure determined by your insurance carrier.
3. Not all dental services are covered benefits
4. You (**NOT YOUR INSURANCE COMPANY**) are responsible to us for all balances/fees.
5. For patients with insurance an Estimate is given of benefits however, coverage may be different if your deductible has not been met, annual maximum has been met, or if your coverage table is lower than the average. It is your responsibility to understand your insurance coverage. This includes copayments and co-insurance. Please contact your insurance company if you have any questions, we are always willing to assist you our fullest ability.
6. If your account is delinquent, **YOU** will be responsible for **ALL** attorney fees and Collections as well as any interest during the collections process.

If you have paid with a charge card in the past we will charge your balance after 30 days if overdue, you give us consent to charge the full balance to our office. Please contact us immediately upon receiving a bill if you require clarification. We value your time, and insist you value the time of other patients and ours. We will make every effort to inform you of any unforeseen delay if unable to keep an appointment we require 48 hour cancellation notice so that we can offer valuable and desired appointment times to other patients. If this policy is not respected it will lead to your swift dismissal.

Signature of patient/parent/guardian
Date

Printed name

