

Consent for Services and Financial Policy

As a condition of treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from patients for the costs incurred in their care.

Patients with dental insurance understand that all dental services are charged directly to the patient and that he or she is personally responsible for payment of all dental services. The office will help prepare the patient's insurance claims and assist in making collections from insurance companies and we will credit any collections to the patient's account. However, this dental office cannot render services on the assumption that an insurance company will pay our charges.

Please indicate your understanding and acceptance of these financial policies by signing below.

Patient's Name: _____

Patient, guardian, or guarantor signature: _____