



Consent for Services & Financial Agreement

Thank you for selecting us as your child's dental home! It is our primary goal and responsibility to protect your child's smile and we wish to direct our time and energy toward obtaining that goal. Therefore, if you have any questions about our office policies, please don't hesitate to ask team members.

Financial and Insurance Policies

In order to provide this quality of dental care, we require all of our patients to pay their estimated personal cost of treatment at the time of their visit. As a courtesy to our patients, we will file your dental insurance claims with the dental insurance company for the treatments your child receives. However, in the event the insurance company, for any reason does not pay the estimated portion of the bill, the balance will become the patient's responsibility and will be billed directly to you. Please remember that our services are rendered and charged to the patient: our contract is with you and not your insurance company. All charges incurred are your responsibility. Our office will do everything possible to help you understand and get the most out of your dental insurance benefits.

Our goal is to help your child achieve and maintain optimal dental care. We charge what is usual and customary in our area. For your convenience, we accept check, Visa, Discover and Master card.

Balances older than 90 days may be subject to additional collection fees and interest charges of 1.5% per month, or a minimum of \$10.00. A charge of \$50 will be assessed to checks returned for any reason.

Office Cancellation Policy:

We pride ourselves in providing extra time for the personal attention each patient deserves. Your appointment time is reserved exclusively for you. We respect your time and make every effort to keep you from waiting for your appointments. We require 48 hours notice if you need to reschedule the appointment for your child. We reserve the right to charge a \$50.00 fee per child and/or dismiss patients who fail their appointments or do not reschedule their appointment with adequate notice.

Proposition 65

The state of California, under prop 65, now requires every dental office to give each of their patients a copy of the information sheet relating to materials and techniques used in the dental



office. This information can be seen and downloaded from our website under the form section for " Dental Materials Fact Sheet". A copy of the Notice of Privacy Practices for our office can also be found on our website under the forms section.

I HAVE READ THE ABOVE CONSENT FOR TREATMENT AND FINANCIAL AGREEMENT, AND AGREE TO THEIR CONTENT.

I HAVE READ OR DOWNLOADED A COPY OF THE DENTAL MATERIAL FACT SHEET PROVIDED ON THE OFFICE WEBSITE.

I HAVE RECEIVED A COPY OF THE NOTICE OF PRIVACY PRACTICES FOR THIS OFFICE.

Signature of Patient/Parent or Patient Guardian/Responsible Party

Date