

**Consent for Service**

I consent to the performing of dental and oral surgery procedures including the use of local anesthetic and other medications as indicated.

I accept that all emergency dental service, or any dental services performed without previous financial arrangements, must be paid for all the time the services are performed.

I understand that I am to pay my estimated patient portion at the time of my treatment and that I am financially responsible for any and all further charges not paid for by my dental insurance. As a professional courtesy this office will prepare patient insurance forms, make collections from insurance companies and will credit any such collections to the patient's account. However, if the insurance information provided to us is incorrect this office cannot be responsible for outstanding balances. Any outstanding balances are the sole responsibility of the patient.

I understand that any fee estimated provided for dental care can only be extended for a period of three months from the date of the patient examination.

I authorize the insurance company indicated on this form to pay the dentist all insurance benefits otherwise payable to me for services rendered. I authorize the use of this signature on all insurance submissions.

I understand that the information gathered on this form and in subsequent visits may be used to contact me at my home or work to discuss matters related to this form, discuss treatment needs or outcomes, and correspond with other health care providers who may participate in my treatment. Digital photos and x-rays may be used for educational purposes or presentations while guaranteeing my anonymity. My personal information will not be given to anyone for any other purpose unless required by law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***We understand that unforeseen circumstances arise, but individuals who show a repeated disregard for our time and the time of our other patients by showing up late, cancelling without 24 hours notice or failing to show up for their appointment may be advised to seek dental care elsewhere.***