

Consent Form

Confidentiality Statement:

All information shared in your treatment plan is confidential except in circumstances governed by law. If you would like me to confer with another healthcare professional, you will need to sign a "Release of Information Form". This release of information can be revoked by you at any time.

Financial Agreement:

Your fee per visit is due before services are rendered. We accept cash, Visa, MasterCard, American Express and Discover. We also accept Care Credit, Lending Club and Shalom Dental Plan. If you would like apply for our third party financing, we will assist. If your treatment totals over \$1000.00 and you pay for your treatment before your appointment, you will receive a 5% discount. If, you have insurance, we will collect the estimated portion that we expect as you're out of pocket to be based on your dental insurance benefits provided by your insurance company, along with any deductible that may apply

Financial Policy:

If you have insurance that provides coverage for this provider and your dental treatment, we will submit your dental claims as a courtesy for you. However, you will be responsible for the full fee regardless of your insurances company's reimbursement policies. **If you're insurance company rejects a claim and refuses to pay for a service or pays less than the contacted fee you are and you will be responsible for the balance.**

No-Show and Cancellation Policy:

Your visit has been reserved for you. A 24 hour notice is required for cancellation or you will be charged a late fee of \$25.00 per half hour scheduled (ex. 30 minute appointment \$25.00 fee, 1 hour appointment \$50.00 fee, etc.).

Statement of Understanding:

I have read and understand this information sheet and informed consent.

Patient/Parent or Guardians Signature

Date