



## **About our office...**

Thank you for choosing us for your dental needs. We are committed to providing you with excellent care. Your open and honest communication is welcome and greatly appreciated. We are always available to answer any questions regarding treatment, insurance, fees, or any other concerns. Please read, sign, and return this form to the front desk. Thank you.

### **APPOINTMENTS**

This time is dedicated especially for you and your dental care. Thank you for honoring your commitment.

### **PAYMENT IN FULL IS DUE AT THE TIME OF SERVICE**

We offer several options of payment for the treatment provided:

1. We accept cash, checks, Visa, Master Card, Discover and American Express.
2. Several payment plans are available at 0% interest.

### **USUAL AND CUSTOMARY RATES**

We are committed to providing excellent dental treatment for all of our patients. Our fees reflect our commitment to the quality our patients deserve and are considered appropriate for the geographical area, regardless of the amounts reflected in an insurance company's fee schedule.

### **INSURANCE**

As a service to our patients, we will submit a claim for your dental treatment to your insurance company. However, your insurance policy is a contract between you and your insurance company. As a dental provider, we are not party to that agreement. Insurance policies vary and some services provided by us may not be covered.

### **MINORS**

Payment for services of the treatment of minors is the responsibility of the adult accompanying that minor.

### **HIPPA**

The patient (guardian) agrees that he/she has read and understands the Notice of Privacy Practices form as required by the US Department of Health and Human Services.

**I understand and agree to the conditions of this form.**

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**Signature**

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**Date**