EVA M LYON, DDS
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CONSENT TO TREATMENT AND FINANCIAL POLICY

Consent to treatment:

I voluntarily consent to receive dental care services that may include diagnostic procedures, examinations and treatment.

Payment options:

- Cash, Check, Visa, MasterCard, Discover, American Express

We offer a 5% courtesy discount to patients who pay their treatment or estimated balance after insurance at the time of service. We also offer a 5% senior discount for patients older than 65.

- Convenient Monthly Payment Plans from Care Credit

Please note that we require payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for full payment of your treatment fees and collection of your benefits directly from your insurance carrier.

A fee of **$50** is charged for patients who miss a **weekday appointment** without proper notification. All appointments must be canceled 24 hours prior to the scheduled time. A fee of **$75** is charged for patients who miss a **Saturday appointment** without proper notification. These fees will not be covered by dental insurance.

A fee of **$35** is charged for **returned checks**.

I certify that I have read this form and understand its contents.
I certify that I have read and agree with the Notice of Privacy Practices (HIPAA).

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Patient Name (please print)

____ __________________________
Patient, Parent or Guardian Signature Date