



8962 Cleary Blvd., Plantation, FL 33324, (954) 915-8080 (O), (954) 915-0171 (F)

Office Policies & Consent

Thank you for choosing uSmile Dental Centers (Michael J. Friend, DMD, PA). Our primary mission is to deliver the best and most comprehensive dental care available. An important part of this mission is making the cost of optimal care as easy and manageable for our patients by offering several payment options.

Payment Options:

- Cash or verified personal/business check
- CareCredit Healthcare offering convenient monthly payment options with no annual fee or pre-payment penalties (subject to credit approval)

Please note that for patients with dental insurance we are happy to work with you and your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. Insurance companies state that they will cover a percentage of your dental needs according to a contracted fee schedule, and we do our best to estimate your portion. Please be aware we will offer the election for assignment of benefits, but should the insurance carrier not pay upon estimated benefits, you will be fully responsible for the fees of all dental work not paid.

Biomedical Waste/PPE/Universal Precautions: There will be a \$15 per visit fee for the safety of our patients, staff and everyone's families which cannot be billed to the insurance carrier.

Additional Fees: Additional charges will be applied for upgraded laboratory materials and CAD/CAM design by the doctor, as needed per patient care.

"NO SHOW" policy: A \$40 fee is charged to any patient who misses or cancels their appointment without 24 hour notice.

X-ray Policy: With some insurance policies, the frequency and limitations of radiographs can range from once every 36-60 months. In order to give you the best quality of care, if you are a new patient and do not bring in current radiographs in a digital format, new x-rays will be taken. It becomes the patient's responsibility for payment of these x-rays at the time of service if frequency limitations are already met. Also, in order to properly diagnose certain pathologies, systemic manifestations or metastatic bone cancers, cystic lesions, carotid plaques, impacted/supernumerary teeth, degenerative joint disease of TMJ and other concerns, a panoramic radiographs (D0330) will be taken. A full mouth series of radiographs (D0210) is also taken at all new patient appointments, which will share frequency usually with panoramic radiograph, causing the fee to become the patient's responsibility of the lesser cost panoramic radiograph. For patients desiring copies of their radiographs, there is a \$15 handling fee collected prior to radiographs being digitally sent to your choice of email address.

Consent for care:

I, _____, authorize Dr. Friend or any doctor working in the office to perform diagnostic testing, order and take radiographs, use anesthetics, prescribe medication, perform and provide all recommended and mutually agreed upon dental treatment and employ such assistance as required to provide services in keeping with the standard of care.

I, _____, have read and agree to the office policies of uSmile Dental Centers (Michael J. Friend, DMD, PA) and acknowledge a receipt that I have read a copy of the Notice of Privacy Practices.

Patient, Parent or Guardian Signature

Date

Please Print Patient Name