



# North Attleboro Dental

## Insurance Authorizations

I hereby authorize direct payment of the dental benefits otherwise payable to me, directly to the below named dentist and/or dental entity:

Hugo Sotelo, D.M.D.  
North Attleborough Dental, PC  
55 Plain Street  
North Attleboro, MA 02760

I hereby am aware of my dental benefits. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your disclosure of my protected health information to carry out payment activities in connection with my claims.

## Authorization for Dental Treatment

I hereby authorize, North Attleborough Dental and his/her associates to provide dental services, prescribe, dispense and/or administer any drugs, medicaments, antibiotics and local anesthetics that she/he or his/her associate deem, in their professional judgment, necessary or appropriate in my care. I am informed and fully understand that there are inherent risks in the administration of any drug, medicament, antibiotic, or local anesthetic. I am informed and fully understand that there are inherent risks involved in any dental treatment

I understand that North Attleborough Dental is a 'mercury-free' office and only do composite restoration (white fillings).

I realize it is mandatory that I follow any instructions given by the dentist and/or his/her associates and take any medication as directed. I understand that **I AM OBLIGATED TO GIVE THIS OFFICE ALL INFORMATION CONCERNING YOUR PAST MEDICAL HISTORY, PREVIOUS SURGERY, PSYCHIATRIC HISTORY, AND ALL PRESENT MEDICATION.**

Alternative treatment options, including no treatment, can and will be discussed. No guarantees have been made as to the results of treatment. A full explanation of all complications is available to me upon request from the dentist.

**FEMALES ONLY:** Antibiotic and other medications may decrease the therapeutic effect of **birth control pills** for up to 8 weeks. If have any questions, please contact your gynecologist. If you are **pregnant**, you have to inform the doctor prior to any procedure. Additionally, if you are **nursing** (breast feeding) you will have to notify the doctor prior to surgery and also discuss any medications you will be receiving with your pediatrician prior to taken them.

I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read, and write English.

\_\_\_\_\_  
Patient/ Guardian Signature

\_\_\_\_\_  
Date