

1. FINANCIAL POLICY

We are confident that the care you receive here makes you glad you came. However, we need your assistance so that we can be as efficient as possible. We ask your cooperation with the following:

. APPOINTMENTS

Appointments are reserved **especially for you**. Please help us care for other clients appropriately, and keep our cost down by keeping your appointments. We reserve the right to charge you for missed appointments or late cancellations.

. NO INSURANCE

Payment in full is due at the time of service, unless financial arrangements have been discussed and accepted by our coordinator in writing. We accept cash, checks, Visa, MasterCard, Discover and American Express. We are also happy to arrange for outside financing. There is a \$30.00 charge for a returned check.

. INSURANCE CLAIMS AND ACCOUNT BALANCES

Co-payments required by contract between you the client and your insurance carriers are due at the time of service. If payment is not made on an account for 60 days, the account will be assessed a 18% yearly interest fee.

. CASE OF DIVORCE

The person who brings the child in for treatment is considered the responsible party, regardless of who carries the insurance, and they will receive the billing statements each month. We do not split the bill for each parent.

. ACCIDENT RELATED TREATMENT

If treatment is due to an accident and a third party is involved, you will be responsible to pay the bill in full. If any insurance needs to be filled, we will be happy to assist you.

2. LEGAL CONSENT FOR TREATMENT

Our goal is to help you achieve excellent oral health. You should be aware that dental treatment, like treatment of any other part of the body, has some inherent risks. These are seldom great enough to offset the benefits of treatment, but nonetheless, there are some common risks associated with virtually any dental procedure, including but NOT LIMITED to:

1. Drug or chemical reaction. Dental materials and medications may trigger allergic or sensitivity reactions.
2. Long-term numbness (paresthesia). Local anesthetic, or its administration, while almost always adequate to allow comfortable care, can result in transient, or in rare instances, permanent numbness in oral and/or facial areas, bruising or ulcerations.
3. Muscle or joint tenderness. Holding one's mouth open can result in muscle or jaw joint tenderness, or in a predisposed patient, precipitate a TMJ disorder, oral opening restrictions, muscle stiffness, and lisping.
4. Sensitivity in teeth or gums, infection, bleeding, change in occlusion, gum recession or root canal.
5. Swallowing or inhaling small objects, accidental nicks or cuts.

While we follow procedural guidelines designed for clinical success, just like in any other pursuit in health care, not everything turns out the way it is planned. Our treatment plans contain no guarantee of specific results. Please feel free to ask questions in regard to all dental procedures that are recommended to you.

3. CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations as provided by the Health Information Privacy Act.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. We encourage you to read these privacy practices carefully and completely before signing this consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. You may revoke this Consent at any time by giving us written notice. Revocation will not affect any action we took prior to receiving this revocation, but we may decline to treat you or to continue treating you if you revoke this consent.