9. Patients with insurance: As a courtesy, our office will file your insurance claims if you provide us with the proper information. You are expected to pay your deductible and any out-of-pocket portions at the time services are rendered. We will accept benefits for the remaining balance. In the event your insurance overpays or underpays, we will adjust the account accordingly. If payment is not received within 90 days, you are immediately responsible for the remaining balance.

   I also understand that the contract is between myself and my insurance company and that financially I am fully responsible for any treatment that is denied by my insurance.

   As the dental office, we will verify coverage prior to all appointments but unfortunately that is NOT a guarantee of benefits-especially for procedures that require more than one appointment to complete. Furthermore, most insurance companies pay on the delivery date. As the patient, I am fully aware that I would be responsible for any procedure costs that have been started showing eligibility and then denied at the delivery. As a courtesy, our office will send any additional documentation with any denied claims on order to get payment for our patients.

10. Consent: The undersigned hereby authorizes doctor to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis of the patient's dental needs.

    I also authorize doctor to perform all recommended treatment mutually agreed upon by me and to use the appropriate medication and therapy indicated for such treatment. I understand that using anesthetic agents embodies a certain risk. Furthermore, I authorize and consent that doctor choose and employ such assistance as deemed fit to provide recommended treatment.

    I have read and agree to the above Office Policies.

_____ _____

Print Patients Name Date

_____ _____

Signature of Patient, Parent or Guardian Date