

Consent for Services

As a condition of your treatment by this office, financial arrangements must be made in advance. As a courtesy to our patients, we will process your insurance claim for each visit and bill you for any remaining balance. Patients who carry dental insurance should understand that all dental services furnished are charged directly to the patient and that he or she is ultimately responsible for payment of all dental services. Our office does not participate with managed dental care insurance plans.

I understand that any fee estimates given for proposed dental treatment can only be honored for a period of twelve months from the date of the patient examination.

I have read the above conditions of payment and treatment and agree to their content.

_____ Date: _____ Relationship to Patient: _____
Signature of patient, parent or guardian

_____ Date: _____ Relationship to Patient: _____
Signature of guarantor of payment/responsible party