

TOTEM LAKE SMILES

Patient name: _____ Date _____

CONSENT FOR SERVICES

After explanation by the doctor, I hereby authorize the performance of dental services upon the above-named patient and authorize the administration of anesthetics and x-rays as may be deemed necessary by the doctor in the course of treatment.

FINANCIAL POLICY & INSURANCE AGREEMENT

Payment is required at the time of treatment, unless other arrangements have been made in advance. We offer the following methods of payment: Visa, MasterCard, Discover, cash or check. Our office does offer a 3- or 6-month payment plan, depending on the treatment needed. An extended payment plan is available through CareCredit, an outside lender. Please inquire with our office staff for more information.

A 5% discount will be extended to patients without insurance coverage or discount plan who pay in full at the time of service.

At your request, we will gladly give you an estimate of your treatment costs and any insurance benefits that may apply. All treatment is subject to change without notice, which may alter any previously estimated charges and the amount due.

Social Security Number and street addresses

Social security numbers and a non-PO box mailing address are required for all patients aged 18 years and older, regardless of insurance coverage and responsible party. If you cannot or do not wish to provide this information, we will ask that you pay for your treatment **in full** at the time of service as we do not allow any balance to be carried forward. If you do have insurance coverage, we will submit your claims to your insurance company and will promptly refund any payment received from them to you. If you wish your insurance plan to send their payments directly to you, the receipt you receive upon payment of your charges will have the necessary procedure codes on it so that you may submit your own claim. Please ask our front desk if you have any questions regarding this policy, and we thank you for your understanding.

Insurance

If you have dental insurance, we ask that you pay your estimated portion at the time of service. We will submit your claims and apply any payments received to your account. Your insurance plan is an agreement between you and your insurance company, not our office, and they will provide benefits according to the provisions of your chosen policy. We will do our best to help you understand your benefits, but we do not guarantee the accuracy of the information provided. It is in your best interest to understand your own insurance plan and any limitations it may have. In this regard we would like to offer the following tips:

- * Please provide our office with your insurance card prior to your first visit and let us know of any subsequent changes. If your plan pays by a fee schedule, please provide us with that schedule.
- * Remember that most plans only pay a portion of your treatment costs. You, the patient, are responsible **in full** for any amount not paid by your insurance.
- * Certain procedures have strict frequency limits, and your plan may have a total benefit limit for a set time period. You are fully responsible for treatment received and not covered due to these limits.

Missed/Cancelled Appointments

Our office will provide you with complimentary appointment reminder emails and/or texts prior to any appointment. Should you need to reschedule an appointment we require **24 business hours'** notice to avoid a fee. We understand extenuating circumstances arise, so please let us know ASAP if this happens.

Your signature below signifies you have read and understand our office policies and give consent for treatment. A copy will be kept in your records. Thank you!

Patient/Guardian Signature

Date