

Consent for Treatment

I authorize and consent to the performance of such dental procedures as may be necessary or advisable in my diagnosis and treatment. I further authorize and consent to the dentist or dental staff administering such medications as are necessary or advisable for treatment.

Signature of patient (or parent if minor)

Date

Authorization and Release

I authorize the dentist to release any medical or dental information about me or my dependents to third party payors and/or health practitioners. I authorize my insurance company to pay directly to the dentist or dental group any insurance otherwise payable to me. I understand and agree that I am solely responsible for payment of all services rendered on my behalf or that of my dependents.

Signature of patient (or parent if minor)

Date

Dental Materials Fact Sheet

I acknowledge that I have read a copy of the Dental Materials Fact Sheet. A copy of this document is available upon request.

Signature of patient (or parent if minor)

Date

Cell Phone Communication

I consent to the dental practice, Mission Trails Dentistry using my cell phone number to (choose one or both) call text regarding appointments and to call regarding treatment, insurance, and my account. I understand that I can withdraw my consent at any time.

My cell phone number is _____ (include area code)

Signature of patient (or parent if minor)

Date

Financial Policies at Mission Trails Dentistry

Thank you for choosing our practice to provide your dental care...

We are committed to high quality care for our patients. Our goal is to help you reach the best oral health possible so you can enjoy the benefits of a comfortable, functional, and attractive smile. We work with you so that the cost of treatment does not prevent you from benefiting from the quality care you need or desire. Our fees are customary for our area and are based on the quality materials and labs we use as well as the time and skill required in performing needed treatment.

Dental Insurance

In our office, we strive to maximize your insurance benefits and make any remaining balance easily affordable.

If you have insurance through your employer, your coverage is a contract between your employer and your insurance company. Benefits and coverage vary significantly from plan to plan depending upon what your employer has agreed to with the insurer. Please keep in mind that insurance is not designed to provide 100% benefit, but rather is meant to *assist* in the cost of dental care. To avoid surprises on your bill, it is important to understand what your insurance will cover, and what you will need to cover in some other way. Dental benefits should not be confused with the dental services you need, which are determined by you, Dr. Bradley Ross, and his staff.

As a courtesy to our patients, we are happy to submit your claims for services. In order for us to do this, you must provide us with accurate and up-to-date insurance information. We will estimate the insurance portion and your co-payment. This may or may not be what the insurance company will actually pay. Your plan may base its dollar allowance on an arbitrary usual and customary fee schedule which may or may not coincide with current fees in our community. We'll do our best to help you receive maximum benefits. Patients are responsible for all balances incurred for services received.

We will wait 45 days for insurance claims to be paid. After 45 days if payment has not been made, you may be asked to pay the balance and seek reimbursement from your insurance company.

Payment for Services

Payment is expected at the time of your services. If you have dental insurance, we will provide an estimate of your co-payment and collect your portion at the time of your appointment. If an overpayment is made, you will receive a refund once all claims are processed. We accept cash, checks, Visa, MasterCard, Discover and American Express. We also offer Care Credit and other healthcare financing programs that offer interest-free payment plans upon approval.

A late billing fee of 1.5% will be assessed monthly to accounts after 60 days. Any unpaid balance over 90 days will be considered delinquent and turned over to a collection agency. Fees may apply. Returned check fee is \$35.00.

Patients under the age of 18

Please plan to be present at appointments with your child under 18. If you cannot be there, please make prior arrangements with our staff. The parent accompanying a minor child is responsible for payment. In the case of a divorce, regardless of decree, the parent who brings the child and has signed the financial agreement is responsible to pay for the child's services. We are unable to bill separate parties; therefore parents can work out these details.

If your child is over 18 and you are financially responsible for their account, please send any required payment along with your child or call with a credit card number to run while they are here. We can email a receipt to you upon request.

Appointment Changes

Your reserved time in our office is important. We understand that sometimes it is necessary to change your appointment so we ask that you kindly give us a minimum of 2 business days notice. Without this notice, we are unable to offer treatment to other patients that may have needed our care. If proper notice is not received we reserve the right to charge a fee of \$50 for each hour of hygiene and \$100 for each hour with the Doctor. If 2 or more appointments are broken in a 12 month period without 2 business days notice, we reserve the right to cancel future appointments and have you placed on an "on call priority list" for your next visits.

Please print name

Signature

Date