

Patient Contract – Insurance and Office Policies

We are focused on creating a safe, comfortable and fun experience for your child(ren) in our dental offices while offering the highest quality of care and service. Please read and carefully review the following agreement of terms prior to joining practice.

- I understand that I must provide a current insurance card/form of all insurance coverage for my child at each visit, so that my insurance information stays up to date within the dental office.
- I understand that my dental insurance policy is a contract between my employer and the dental insurance company, and the benefits I receive are based on the terms of the contract that was negotiated between the two companies.
- I understand that I may be responsible for certain fees associated with any service provided to my child that are not covered by my insurance company due to frequency limitations, certain non-approved procedures, or lack of coverage by my insurance company.
- I understand that traditional medical health insurance benefits are designed to cover the majority of costs, whereas dental insurance was designed as a supplemental aid to the individual's costs.
- I understand that I must give at least 24 hours of notice when cancelling or rescheduling an appointment. If less notice is given, this will be considered a failed appointment and a reasonable fee may be charged. I understand that after repeated failed appointments, I may not be able to reschedule at the discretion of the dental office.
- I understand that I am responsible for notifying my dental office of any changes in my physical address, email address or phone number, and that I must confirm my appearance at my scheduled appointment in order to hold it. Without confirmation, the dental office may offer the appointment to others waiting to be seen. If I show up at the appointed time without having responded to the requests by the office to confirm, it will be up to the doctor's discretion to try to work my child back into the schedule.
- I understand that the legal guardian of the patient must be present in the office during the initial examination, and that the legal guardian must be present thereafter for any treatment other than routine dental procedures. (Individuals listed on this contract by the legal guardian may bring my child to routine dental procedures, see further on back.)

By signing this form, I agree and fully understand the terms stated in this contract. If at any time I do not abide by these terms, my child will not be scheduled for dental services.

PRINTED NAME OF LEGAL GUARDIAN: _____

SIGNATURE OF LEGAL GUARDIAN: _____ DATE: _____

Permission for Other Individuals to Give Consent to Routine Dental Procedures

Please list below, any individual that can bring your child to their appointments. By listing their name, you are also consenting to give this individual(s) permission to receive information regarding the child's care and treatment, the right to sign the medical history and consent to routine dental treatment including exams, cleanings, x-rays, fluoride.

First and Last Name	Relationship

As the legal guardian of _____ (patient first and last name),

PRINTED NAME OF LEGAL GUARDIAN: _____

SIGNATURE OF LEGAL GUARDIAN: _____ DATE: _____