

## CONSENT FOR SERVICES

As a condition of your treatment by this office, financial arrangements must be made in advance. The practice depends on reimbursements from the patients for the costs incurred in their care and financial responsibility on the part of the patient must be determined before treatment.

## INSURANCE PATIENTS

Our office participates with many insurance companies. As a courtesy to you we bill the insurance company for services performed and will accept assignment of benefits for the insurance portion of your treatment.

However you will be responsible for any applicable deductible and the estimated co-payment at the time of services. Once the insurance company has satisfied their portion, any remaining balance will be billed to you and due upon receipt of your statement.

Patients who carry dental insurance understand that all dental services rendered are charged directly to the patient and that he or she is personally responsible for payment of all dental services.

## FOR NON-INSURANCE PATIENTS

Payment is due at time of service.

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Signature of patient, parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient