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Cgivisalia.com

Authorization for Exam and Performance of Procedures

I consent to a comprehensive/emergency examination, all necessary X-rays, diagnostic pictures, prophylactic cleaning/gross debridement, as well as fluoride treatment for minors on my initial, emergency, and all subsequent recall visits. **I agree to pay all dental fees not covered by insurance. I understand that I have the right to deny any/all treatment even if it against the advice of the doctor, regardless if the advice/treatment plan is presented to me orally or in writing.** I consent to any procedure deemed necessary according to the diagnosis on my examination and/or any dental treatment which may later become apparent during treatment, including the correction of oral deficiency, abnormality, and/or infection, and the administration of anesthetic agents and/or nitrous oxide as needed for dental treatment. I understand that no guarantee or assurance is made regarding the results of treatment. **I understand that Clark General & Implant Dentistry has the right to refuse an examination or treatment if I decline to consent to an exam and/or X-rays.** I understand that I reserve the right to ask any questions pertaining to my treatment. **I understand that I am solely responsible for paying for all diagnostic costs not covered by insurance at the time services are rendered with no grace period. If I am concerned about diagnostic costs, I will ask for diagnostic fees in writing before being seen.**

I understand that a patient is considered a "patient of Clark General & Implant Dentistry" only after a comprehensive exam and a comprehensive treatment plan is printed and signed by the patient/guardian. **Patients that have only had a limited exam, limited treatment plan, and limited treatment performed are NOT considered to be "a patient of Clark General & Implant Dentistry."**

I consent to digital photographs, X-rays, models, closed-circuit television, preparation of drawings and similar illustrative graphic material to be taken of me and used in consultation with fellow dental colleagues or specialists for the purpose of diagnosis and creating a treatment plan. I authorize Clark General & Implant Dentistry to fax, mail, email, text, call, etc. any/all patient information

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records (including, but not limited to: copies of entire patient chart; digital pictures; pictures; X-rays; medical history; psychiatric history; personal, contact, insurance and financial information) to the preferred dental or medical doctor/specialist upon their request. I give consent for Clark General & Implant Dentistry to dispose of any tissue or parts of the oral cavity required to remove.

I understand and consent to be tested for HIV, Hepatitis B, C or any other blood-borne disease in the event of an occupational blood exposure of a healthcare worker. I understand that results will be made available to the dentist and the employee who was exposed. By law, this information is confidential and the above listed people are prohibited from disclosing it to anyone else.

I understand that appointments cannot be made after office hours and that the patient will be expected to be available for treatment during the hours that Clark General & Implant Dentistry is open.

I authorize Clark General & Implant Dentistry to release any information and records concerning my treatment as necessary to

process

insurance claims and payment for treatment provided.

I understand that for health and safety reasons only one adult may join a patient in treatment areas. All children must remain in waiting room with a responsible adult. Any patient 17 years old and younger must have a parent or legal guardian present during all dental exams and procedures.

I have received, read, and agree to the office financial policies.

I have been given the opportunity to ask the dentist or staff questions related to my oral care, procedures, or any financial concerns.

By signing below, I certify that I have read, understand, accept, and consent to the above statements.

Patient name

Signature of patient/parent/legal guardian

Date

Office Financial Policies

Thank you for choosing Clark General & Implant Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of our mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Clark General & Implant Dentistry requires payment at time of service.

Payment Options

For your convenience, we accept:

- Cash
- Check
- Credit Card (Visa, MasterCard, American Express, or Discover)
- CareCredit

CareCredit allows you to pay for treatment over time.

- Payment plans with no interest available
- Convenient, low-monthly plans available. Interest rate determined by length of contract.
- No annual fees or pre-payment penalties

If you have dental insurance, we are happy to work with your carrier to maximize your benefit and bill them directly for reimbursement for your treatment, but it is up to you, the insured, to know your policy and any restrictions they may have. We will review the summary of benefits that we have received and try to maximize your benefits and minimize out-of-pocket expenses. Some insurers require preauthorization for certain services. Preauthorization may take 4 weeks or more. Please keep in mind that your insurer dictates your coverage, and we have no control over their decisions. Thus, treatment estimates include an estimation of what your insurance will pay, but it is not a guarantee of benefits. The patient is ultimately responsible for any charges incurred whether insurance pays for them or not. It is the patient's responsibility to inform us of any changes in insurance carriers or plans. All charges not expected to be covered by insurance are due at the time of service.

Confirmation/No Show Policy

You are required to confirm your appointment at least 48 business hours prior to your appointment. Automated text messages are sent out to confirm your appointment. If you are not receiving these messages, please call the office to inform us. If your appointment has not been confirmed by the 48 hour mark, we reserve the right to remove the appointment from our schedule, and your account may receive a \$75 charge. Our office may make confirmation calls as a courtesy, but it is ultimately your responsibility to confirm. Not showing for an appointment or canceling with less than 48 hours will incur a \$75 charge. Our patient's time and ours are both valuable.

By providing your cell phone number, you consent to receive text messages and phone calls. You can opt out of text messages by selecting the option to opt out. To withdraw your consent at any time, please inform our office. If you have any questions, please do not hesitate to ask. We are here to help you get the dental treatment you desire and deserve.