

# Welcome to Dublin Ranch Dental

## CONSENT FOR SERVICES & OFFICE POLICIES

### Financial and Insurance Policies:

It is our objective to provide our patients with the latest dental technology, superior dental materials and excellent care in a modern comfortable environment. In order to provide this quality of dental care, we request all of our patients pay their estimated personal cost of treatment at the time of their visit. As a courtesy to our patients, we will file your dental insurance claims and bill your dental insurance company for treatments you receive. However, in the event the insurance company, for any reason does not pay the estimated portion of the bill, the balance will become the patient's responsibility and will be billed directly to you.

Please take the time to read and understand your insurance policy and benefits. In most cases, dental insurance is a contract between you and your dental insurance company. The benefits you receive are based on the terms of the contract that were negotiated between you and your dental insurance company, and not our dental office. Our goal is to help you achieve and maintain optimal dental care. Our office will do everything possible to help you understand and make the most of your dental insurance benefits.

I give my approval and consent to start my dental treatment. To the best of my knowledge, I am currently eligible for dental treatment through my insurance company. I have reviewed the treatment plan and fees and hereby assume complete financial responsibility for services rendered that are not paid for by my insurance company.

All emergency dental services, or any dental services performed without previous financial arrangements, must be paid for at the time services are performed.

*Any account balance which is not on the payment plan and which is over 60 days old will have finance charges of 1.5% (18% percent per month (18% APR) added. In the event that an account becomes past due over 90 days, it may be given to an outside collection agency, unless previously written financial arrangements are satisfied.*

### Office Cancellation Policy:

We pride ourselves in providing extra time for the personal attention each patient deserves. Your appointment time in this office will be reserved exclusively for you. We respect your time and make every effort to keep you from waiting. We request you provide us with at least 48 hours notice if you need to reschedule your appointment. We reserve the right to charge patients who do not reschedule their appointments with adequate notice, or who fail to keep their scheduled appointments, an appropriate cancellation fee of \$50/per hour applies for broken appointment.

**I have read the above conditions of payment and agree to their content.**

\_\_\_\_\_  
**Signature of patient, parent or legal guardian** Date: \_\_\_\_\_

### HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) took effect on April 14, 2003. This federal law requires our office to provide a notice of privacy practices. This policy is posted in the reception area entitled "Notice of Privacy Practices." You may also request a paper copy. We would appreciate you taking the time to sign the bottom of this form certifying you have received this office's Notice of Privacy Practices.

\_\_\_\_\_  
Signature for acknowledgement of receipt of NOTICE OF PRIVACY PRACTICES

### Proposition 65:

The state of California, under proposition 65, now requires every dentist to give each of their patients a copy of the information relating to materials and techniques used in the dental environment. This information is contained in the attached document entitled "DENTALMATERIALS FACT SHEET". It is required that all patients sign they have received a copy of this document. We would appreciate you taking the time to sign the bottom of this form certifying you have received a copy of the DENTAL MATERIALS FACT SHEET. If you have any questions regarding information contained within the document please feel free to bring your questions to our attention.

\_\_\_\_\_  
**Signature** for receipt of DENTAL MATERIALS FACT SHEET