

DENTISTRY OF PALO ALTO

ELLIOT SINGER DMD | MARC TULLY DMD

GENERAL CONSENT

I authorize DENTISTRY OF PALO ALTO to perform a comprehensive dental examination for the purpose of diagnosis and treatment planning. Furthermore, I authorize the taking of all x-rays required as a necessary part of this examination.

FINANCIAL POLICY

This agreement is to inform you of your financial obligation to our practice.

You are responsible for the timely payment of your account; payment is required at the time of service. Note that the treatment fee may change if additional procedures are required during the course of treatment.

Any balances over 30 days past the final date of service are considered past due. Should it become necessary to refer your account to an agency or attorney for collection, you will be responsible for all costs associated with the collection attorney and court fees.

We accept cash, check or credit cards (Visa and MasterCard). Any refunds due will be issued by check and mailed to you.

For patients with dental insurance: co-payments, deductibles, and patient portions are due on the day of service. All patient portions are estimates. If you would like to know your exact insurance benefits prior to treatment, we can file a "pre-treatment authorization" with your insurance company.

Your insurance coverage is based upon a contract made between your employer and your insurance company.

We will always recommend what is best for you, but this may not align with your covered benefits.

Your insurance carrier defines what benefits are covered, but coverage is not comprehensive.

As a courtesy to you, we will complete and submit claims to your dental insurance on your behalf. There is no guarantee of payment from your insurance company, even with pre-treatment authorizations. As such, you, the patient, are 100% responsible for all incurred balances. Although we will always do our best to assist you, ultimately it is your responsibility to know and understand the policies and benefits of your insurance plan.

We allow insurance companies 60 days after submitting the claim to make payment. After 60 days, you are responsible for 100% of the account balance.

It is your responsibility to notify us in the event your insurance benefits change prior to your scheduled treatment date.

CANCELLATION AND MISSED APPOINTMENT POLICY

When you schedule an appointment, that time is reserved specifically for you. For all cancelled or missed appointments without **48-hour business day notice**, we reserve the right to charge **\$100 per appointment per hour**.

For example, an 8 AM Monday appointment must be cancelled by 8 AM the previous Thursday.

I understand the above policies and agree to terms herein.

Printed Name of Signatory

Signature of Patient (Parent or Guardian)

Date